



Medical economics



EMBER 1939

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Medical Economics

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

NOVEMBER 1939

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CIRCULATION: 128,000

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"The Technic of Medication," Dr. B. Fantus; published by the A. M. A. 1930, page 315.
"Principles of Preoperative and Postoperative Treatment," Dr. R. A. Cutting; Paul B. Hoeber, Inc. 1932, page 236.
"Parenteral Therapy," Drs. Dutton and Lake; Chas. C. Thomas 1936, pages 54 and 55.

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speaking frankly

NOV. 1939

REPRINTS

TO THE EDITORS: My colleague and I are wondering if the "Letters to a Doctor's Secretary" printed in your magazine will be put into book form. We think it is a fine piece of work and would like all our nurses to read it.

Dean S. Smith, M.D.
La Crosse, Wis.

TO THE EDITORS: Your series, "Letters to a Doctor's Secretary," is a very valuable work. Everyone connected with a doctor's office should read it. I hope you will publish the articles in booklet form.

M. E. Fulk, M.D.
Stafford, Arizona

[*The "Letters" will be reprinted in booklet form provided a sufficient number of readers express an interest in seeing this done.—THE EDITORS.*]

REBUTTAL

TO THE EDITORS: Your article, "The Crisis in Group Hospitalization," (August MEDICAL ECONOMICS) warrants a reply...

Critics of the movement point to many flaws. Unsound underwriting, they say, is beginning to show in the high loss ratios of some plans; yet retreat from these mistakes will throw the movement into an uproar. Support of the medical profession is essential, they add; yet this is impossible so long as group hospitalization includes X-ray, pathology, and anesthesia.

But there's an answer to every challenge in your article.

Mistakes were bound to be made in a new business. Retrenchment will increase public confidence. Support of the medical profession can be

gained. There isn't any difference between medical service rendered by the hospital to pre-paying patients and to those who pay afterward. Such services are approved as hospital functions by the Radiological Inter-Society Committee, the American Society of Clinical Pathologists, and a committee representing three or four professional anesthetists' groups.

It's silly to deny that hospital plans are in a critical situation or to insist that their growth is assured. It's equally silly, though, to assert that the situation cannot be resolved without loss; to deny that the non-profit plan can offer more for less money than commercial insurance.

Group hospital plans have 4,000,000 people thinking about hospitals. Membership in a plan gives many a feeling of proprietorship in the institutions. If voluntary hospitals have helped make possible the best medical practice the world has ever known, the proprietary interest of 4,000,000 people in those hospitals should be worth some headaches...

A Hospital Plan Executive

HORSEPLAY

TO THE EDITORS: A news item in your September issue stated that "Dr. W. N. Smiley . . . leaped into the saddle and galloped twenty miles on horseback to answer an emergency call."

No horse ever foaled could gallop twenty miles. And I doubt if there was ever a doctor who could "leap" into a saddle.

Better leave the flights of fancy to the cultists and "food experts."

J. M. Northington, M.D.
Charlotte, N.C.

[*We agree. A collection has been tak-*

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en up to buy the writer a copy of A. J. R. Lamb's "Horse Facts."—THE EDITORS]

BLITZKRIEG?

TO THE EDITORS: I have been thinking over your September editorial, "Indictments by the Dozen." The old saying that "the best defense is a good offense" is still apropos.

Inasmuch as our lawmakers are practically all members of the legal profession, it would seem advisable, as a counter-offense, to attack them for a change. For it is my opinion that the holier-than-thou's in Washington who feel that the A.M.A. constitutes a trust, should be able to see that the American Bar Association represents a more unholy trust than the American Medical Association ever dared to be.

There are very few instances where the worthy poor have been unable to obtain satisfactory medical attention. Yet these same indigent persons have absolutely no opportunity to defend themselves in a court of law. To my knowledge, only in very isolated instances have members of the bar association, which absolutely controls legal practice in the United States, ever offered their services gratis to the needy.

M.D., New York

PLOT!

TO THE EDITORS: I read a letter in your September issue entitled, "Reversal?" which pertained to a statement of Dr. Nat Kanner in the I.P.A. Voice.

Why did the writer fail to mention

the entire contents of Dr. Kanner's article, in which he accused MEDICAL ECONOMICS of being part and parcel of a Fascist, anti-Semitic, anti-refugee plot in permitting pro-Nazi Senator Reynolds to quote your article "Refugees Unlimited?" in the U.S. Senate?

As it is, MEDICAL ECONOMICS stands condemned as a pro-Fascist magazine.

I dare you to publish this.

Saverio Bonta, M.D.
Brooklyn, N.Y.

[MEDICAL ECONOMICS—condemned—finds company in the misery of others also condemned. For example, Dr. Bonta himself, who pleaded guilty to an insurance fraud in Brooklyn on September 20 before King's County Judge William O'Dwyer and a jury.]

—THE EDITORS]

HAPPY

TO THE EDITORS: The letter from "Ann Onymous" in September "Speaking Frankly" was a surprise! Maybe I've been missing something.

I've been employed for four years by a gynecologist and obstetrician as secretary, laboratory technician, and assistant. I'm not underpaid (having received two raises); and although I'm kept busy, I'm certainly not overworked.

Patients are not difficult to handle. They've never demanded unreasonable service.

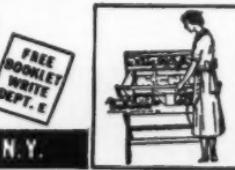
The doctor's wife greets me in the morning. I rarely see her the rest of the day. She has never asked me to do her shopping. Nor am I expected to act as social secretary or errand

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girl. My "cleaning" consists of dusting the doctor's desk and my own, and cleaning instruments, medicine cabinets, and the linen closet.

My employer has never asked me to do anything outside my profession, in spite of my willingness to do so. He has never been impatient or unreasonable. Nor has he ever complained about my work.

My vacation lasts three weeks with pay. I've never asked for time off without getting it. Consequently, I love my work and attempt to do my best. I may be smug; but I'm happy!

Those who cry about their lot, "Ann Onymous," usually drown in their own tears. Why don't you get another position?

Incidentally, editors, it's been my intention to tell you how wonderful your "Letters to a Doctor's Secretary" are! I find them so instructive that I'm saving them. MEDICAL ECONOMICS is the only magazine that helps doctors' secretaries. Continue the articles! They offer such practical advice.

Medical Technologist
Philadelphia, Pa.

RIDDLE

TO THE EDITORS: Urinalyses, blood counts, sedimentation-rate tests, and other routine laboratory procedures are often necessary in diagnosis. Yet few of my patients ever expect to pay for them. They assume that these tests are covered by the usual consultation fee (in our community, only \$1, including medicine).

My problem, therefore, is this: How can I convince patients of the value of such tests so they'll be willing to

pay for them? I simply cannot afford to charge all my laboratory work off as a loss.

Perhaps some of your readers will give me—and other colleagues—the benefit of their advice by submitting answers to the problem for publication in your Speaking Frankly department.

M.D., Indiana

RURAL

TO THE EDITORS: Despite your "Side-light" on the National Grange's plan to encourage young doctors to locate in rural districts, I believe high school graduates should be allowed to enter medical college without pre-medical training. But I would attach this proviso: that their first five years of practice after internship be in a rural area.

High school graduates learn chemistry and biology. I believe their grades in medical college would compare favorably with those of students with years of pre-medical work.

Pre-medical studies do not have much bearing on a medical course anyway. What's more, the plan I suggest has this advantage:

After the tyro practices five years in the country, chances are that he will remain there.

A. B. Grubb, M.D.
Cripple Creek, Va.

"HOG"

TO THE EDITORS: Fifty years ago, the doctor had many problems during his daily rounds. He met them fearlessly, tirelessly. His reward was a comfortable living, the respect and

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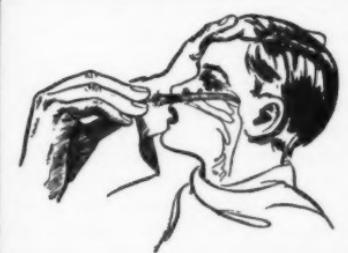
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3. *It is detergent, decongestive and inflammation-dispelling.*

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confidence of those he served, and satisfaction from humanitarian work well done.

But those days are no more. His income has dropped off. He refers his best patients to specialists. The only income left to him is emergency office practice.

Yet he is forced to invest in the latest medical books, lay out large sums for diagnostic equipment, and fill his shelves with expensive drugs. He must drive an up-to-date car, head charities, attend medical conventions, spend time in free clinics, and meet the social demands of the community.

The physician would do these things gladly were it not for the "medical hog." This creature is killing the goose that laid the golden egg.

In earlier days, there was a goodly income from cases referred to a specialist. Then the top-notcher was a gentleman. He endeavored to coordinate his erudition with that of the practitioner to the benefit of the patient. Where professional work could be carried on by the G.P., it was outlined and referred back to him.

Long before the era of our present professional unrest, the dean of a large medical institution said to me:

"The general practitioner has no place in medicine today."

I did not believe it. Now its truth is painfully apparent. The specialists have sold this idea to the public.

What is back of the socialization of medicine?

The answer is *discontent*.

Persons in moderate circumstances are fed up with enormous fees for services that could be rendered by a general practitioner. They are sick of being shunted from specialist to specialist; of being operated upon

unnecessarily. They have *lost faith in medicine...*

If the medical hog had not lain down in the feed trough, we would not be faced with increased fee-splitting. Younger men state frankly that they are tired of having a specialist take all the money from their referred patients—leaving nothing for them. They have no intention of letting their families starve. They say that when they make a diagnosis upon which the life of the patient depends, they are entitled to part of the fee.

The logic is clear. So is the inevitable result: sacrifice of the patient for cash.

It's an ugly situation. The medical hog has brought it about. It's up to him to find a solution, or be left to drink out of a pretty foul trough.

M.D., Pennsylvania

EMIGRES

TO THE EDITORS: After reading your August article on refugee physicians in Missouri, my first reaction was: "C'est à rire."

My second was: "C'est à pleurer."

For here is the Missouri Medical Association adopting a report urging "temporary" licenses for alien M.D.'s on the ground that they are needed in rural areas!

I should like to ask the four gentlemen who prepared that report: Where are the alien physicians already in Missouri? Are they in rural areas?

Hardly. The majority have been placed in municipal and State positions. This is even true of refugee medical students.

Pioneering is all right for natives. Refugees want something "softer."

One of our State institutions re-

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exerts a dependable influence as a supplementary therapy in relieving manifestations of productive and unproductive cough.



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THE PIONEERS IN ENDOCRINE THERAPY

ESTROGENIC HORMONE (R & C)

cently had an Austrian resident. Now he has managed to be transferred to a better institution in a larger community. While visiting a municipal institute, I heard this Austrian brag to the technician (also Austrian) that he had secured his first appointment in this country before he left Vienna!

When I protested this injustice to a pillar of politics, I was warned: "Keep quiet. Do you want to stir things up?"

Why not? I feel, with many others, that a condition like that is not just—in Missouri or anywhere else.

Let's take the case of my own husband: a graduate of the State university, an able physician, experienced in municipal institutions. He was edged out of a State job by an alien who had not yet arrived on our shores!

Please don't use my name. My husband might suffer for my frankness. We could not afford to lose any more, since he has already had to start anew after long, faithful municipal service...

An American Doctor's Wife
Missouri

TO THE EDITORS: Let every physician who believes that Uncle Sam should refuse admittance to colleagues from Fascist lands ask himself:

"Am I a Christian? An American? A doctor?"

If he is, his face should blush with shame and disgust. To deny a home to a colleague who has escaped op-

pression, slavery, and barbarism would not be tolerated by Abe Lincoln, Jesus Christ, or Hippocrates.

To lead astray the unthinking, these so-called doctors reason that foreign doctors came from lower-grade medical schools. They forget that our graduates often learn their theories parrot-fashion, while medical students abroad pass both theoretical and practical examinations. Questions of surgery and medicine are demonstrated abroad on actual cases: in clinics and pathological laboratories and on cadavers. Graduates of our best American schools would have a mortality of 75 to 80 per cent in the same examinations...

William Frankman, M.D.
Wollaston, Mass.

"OWLS"

TO THE EDITORS: Why not divide cities into sections, designate one all-night drugstore in each section, and station a "night doctor" on duty at this store?

Think of the advantage to the young M.D. anxious to start practice; to the practitioner of advanced years, particularly when his work, the weather, or illness make it dangerous for him to leave his bed. Finally, consider the benefit to the patient: prompt medical attention at any hour.

Medical societies should promote such measures.

Harry A. Schatz, M.D.
Philadelphia, Pa.

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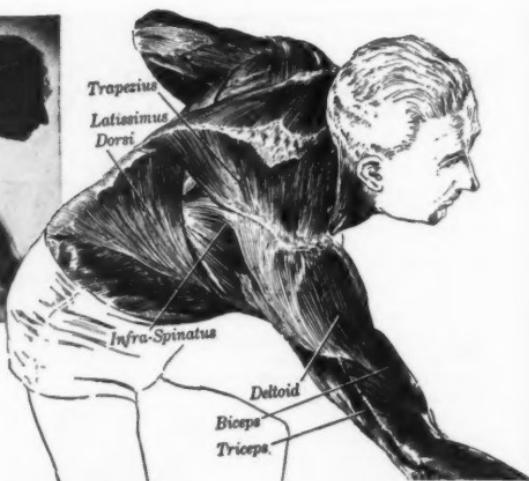
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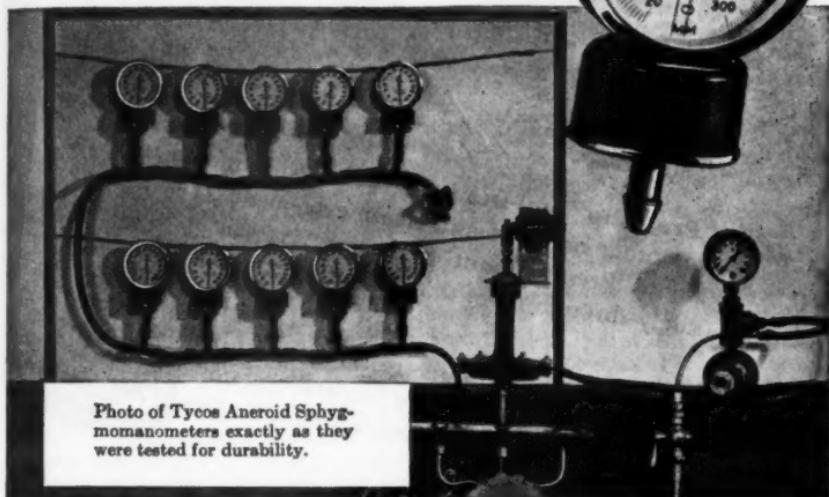


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SIDE LIGHTS

NOV. 1939

Alert physicians in search of an uncrowded field of endeavor, are keeping an eye on the relatively new science of geriatrics, which deals with the malaises of old age.

The proportion of the population sixty years of age and over is increas-



ing yearly. Soon it will form an even larger and more important element in our country than it now does. The purely social problems of this group have already given much concern to Federal and State legislators in matters relating to old age pensions. But their medical problems have not yet aroused the healing profession as widely as they should.

The physical and mental disturbances of old age are many. A man over sixty is subject not only to the ills of younger folk; he also has special ills of his own. His blood stream gets naturally sluggish, affecting his heart, digestive system, and even his mental processes. While his body can withstand many irregularities, and generally fares remarkably well on the operating table, it does not respond quickly to medication. His entire organism often suffers from a psychological turmoil, due to lack of financial security, remorse over ambitions unfulfilled, irritation with seeming coldness on the part of growing children, and so on. Men incline

to fret by themselves over their loss of sexual powers, while women tend to compensate for the same loss by bossing relatives and friends.

These phenomena call for careful, sensitive treatment on the part of the physician, perhaps even more careful and sensitive treatment than that given to children. Geriatricians ought therefore to occupy a place in the community comparable to that of pediatricians. The field contains limitless opportunities for genuine service.

George Bernard Shaw has said that love is one man's exaggerated opinion of one woman. Success in medicine may be defined similarly. It stems from a community's exaggerated opinion of the knowledge and skill of one physician.

This exaggerated opinion is not a



mythical thing. It brings patients back time and again and draws new ones. It is an outgrowth of that intangible factor, personality.

One doctor can be as able as another in his neighborhood, perhaps even a little more so; but his office will be empty while his friend's will be crowded. Men and women will sing his friend's praises far and wide, even though he employs only the

standard, tried, therapeutic methods. How does he do it?

He does it by instilling confidence; by creating an atmosphere of friendliness and kindness, a feeling that a patient is not just a case but a human being subject to the same frailties and temptations as himself. He doesn't high-hat his patient, snap at him, bombard him with big words. He talks to him simply, chiding him gently if that is necessary, and encouraging him tenderly if something serious has been discovered in his X-ray plate or microscopic slide. He makes sure not to overdo this solicitude, for that would be boorish. He shows only a natural interest, because he loves human beings for what they are and wishes them well.

Seldom is a physician chosen solely for his professional ability; because the patient can't adequately judge that ability. Nor are his fees usually the deciding factor; because the patient can't tell whether he is receiving maximum value for his money or not.

What really counts is the man's personality. Patients deal with doctors they like and in whom they therefore feel confidence. It's as simple as that.



Not long ago, President Roosevelt remarked to the effect that Canada and the United States are more than neighbors.

This is especially true of the two nations' politicians. The latter may be called "Honorable" up there, and wear brighter trappings. But they are brothers underneath.

Needless to say, no American political maneuver has intrigued them more than that toward compulsory health insurance. The following excerpts from recent Canadian news bulletins are, therefore, of more than usual interest:

"Canada's facilities for supplying

medical care are 'grossly inadequate,' charges Dr. Grant Fleming, of McGill University..."

"The Canadian Public Health Association recognizes the need for some form of health insurance for the low-income groups..."

"C. G. Power, Canadian Minister of Health, proposes to call a national health conference..."

To the American doctor, these



sound like voices out of our recent past. In Canada, apparently, the same groups are sponsoring the drive toward compulsory health insurance: public health officials, medical-school professors, and politicians. The same threadbare arguments are being used to keep private practitioners out of the administration of any possible program. To wit:

"Sick benefits are not the concern of the profession." "Executive duties would detract from the profession's medical ability." "To be successful, any national health program must be interlocked with public health departments."

All that's needed to complete the picture of international amity is the appointment of Senator Wagner as minister plenipotentiary.



A survey made by the State Banking Department of Connecticut reveals that medical expenses form the second most common reason given for borrowing sums of money under \$300.

The first reason is listed as repay-

ment of old debts, the third as the refinancing of old debts, the fourth as business needs, and the fifth as the purchase of clothing.

Unfortunately, the sequence of reasons for borrowing is not the sequence in which debts are paid. For medical bills frequently come last.

This despite the fact that in everybody's thoughts health invariably comes first. So much so, indeed, that it forms the first words of greeting—"How are you?"—in every language.

The explanation is, of course, that people who want loans find medical care the most convenient and effective excuse. Yet that excuse, because of its very potency, is often a camouflage. The money received to pay doctors' or hospital bills usually goes for other purposes: the purchase of a new radio, another winter coat, or what not. The doctor can wait. He can manage somehow.

But can he? And is it fair to expect him to? Aren't his services as



valuable as the radio man's and the clothier's?

Educational campaigns to bring home this fact to the public have been far too spotty and short-lived. Medical men would do well to encourage continuous publicity under the sponsorship of state and county medical societies.



For an organization of its size and responsibilities, the American Medi-

cal Association is almost casual in the dispatch of its legislative duties. Each year the amount of official business which must be acted upon by its House of Delegates assumes more staggering proportions. Yet that body is assembled only once in every twelve months, for a period of less than a week, and during a general convention with enough distractions to cut its efficiency in half.

Little wonder, under such circumstance, that a large proportion of the work never does get done—until a year later. Important measures are tabled, referred to committees, sidetracked into limbo.

One annual meeting of the House of Delegates may have sufficed twenty years ago. But these are vastly different times, making vastly heavier demands on medical leadership. Speed and flexibility are the keynotes of successful organization today.

A regular *ad interim* session of the A.M.A.'s House of Delegates would promote both efficiency and flexibility. Measures which must be referred to committees for further study—and there are a growing number of these—could be acted upon before they had died from a year of neglect. Emergency conditions could be met with emergency action.

At last May's meeting of the A.M.A. delegates, the Wagner Health Act, for example, was merely criticized. That's all there was time for. Now the situation calls for constructive action—perhaps in the form of an A.M.A.-sponsored substitute for the Wagner bill. But the next regular meeting will not be held until June 1940...

Fourteen months ago, the House was called into extraordinary session. Main reason was the imminence of national legislation. But many other matters were acted upon, and to good advantage.

Such an *ad interim* meeting would be equally beneficial if held every year.



Metcalf from Black Star

One doctor in five served in the World War. Next month or next year, we may again be called to war. Read what the doctors of 1917-'18 have to say to the doctors of today.

WAR: Medical training ground

In Europe today no smell of ripening apples fills the air. Gun-powder sears the nostrils of a war-torn people and drying Autumn leaves fall on a militant continent.

No man can say whether the bugle will sound on this side of the Atlantic. Hopes and fears are in every heart—the future hidden to the keenest observer.

For most people, war is a once-in-a-lifetime experience. Many men who served in the World War are today beyond the military-service age. Those who fought know; those who may have to fight want to know. In all directions comparisons are being drawn with the last war and the war which may be just around the next corner for America. Tomorrow is being guessed at and planned for in the light of yesterday.

The World War was the most catastrophic event in the history of mankind. No one in his right mind wants to see it duplicated. Today, public opinion in this country is overwhelmingly opposed to a repetition of our 1917-'18 performance.

But public opinion has a way of veering unpredictably. If the dogs of war are again loosed from this side of the Atlantic, physicians must expect to form an integral part of the new war machine. What,

then, are the pros and cons of military service for the man established in private medical practice?

The average soldier has little if anything to gain from war and much to lose, including life itself. The casualty rate among doctors, on the other hand, is comparatively low. The majority of physicians and surgeons who served in the World War are firmly convinced that it was an incalculably valuable medical experience, a golden medical opportunity. They believe that for the doctor the pros of enlistment far outweigh the cons.

Success in medicine, like success in the legal profession or the brokerage business, depends on the individual. And individuals differ. That is just as true in war as in peace. Some doctors in the last war were temperamentally and emotionally unsuited to it. They didn't like any part of it. They said so at the time, said so when they got home, say so today.

Even doctors most bullish on war as a medical experience don't try to sell the idea that the last war was any beer-and-skittles proposition. They tell you that all war is a rotten business. They tell you of working after a battle for 36 or even 48 hours at a stretch, of forgetting one meal and then another

as the stream of wounded flowed in unchecked. Like anyone else who went through it, they can tell you tales of human suffering on a gigantic scale.

But that is not the part of it on which most of them dwell. Today ex-service doctors often remember best the medical training they received, time having tended to erase from memory the hardship and privation which went with it. They believe that those who were able to lose themselves in the work that had to be done—taking the bad with the good; for there was admittedly plenty of bad to take—came out of the war better doctors. They believe that a physician geared for success under any circumstances has in time of war an enormously increased opportunity to gain facility in his work—a facility that could not be acquired in many years of peace-time practice.

Those who served say that in one year of military service a doc-

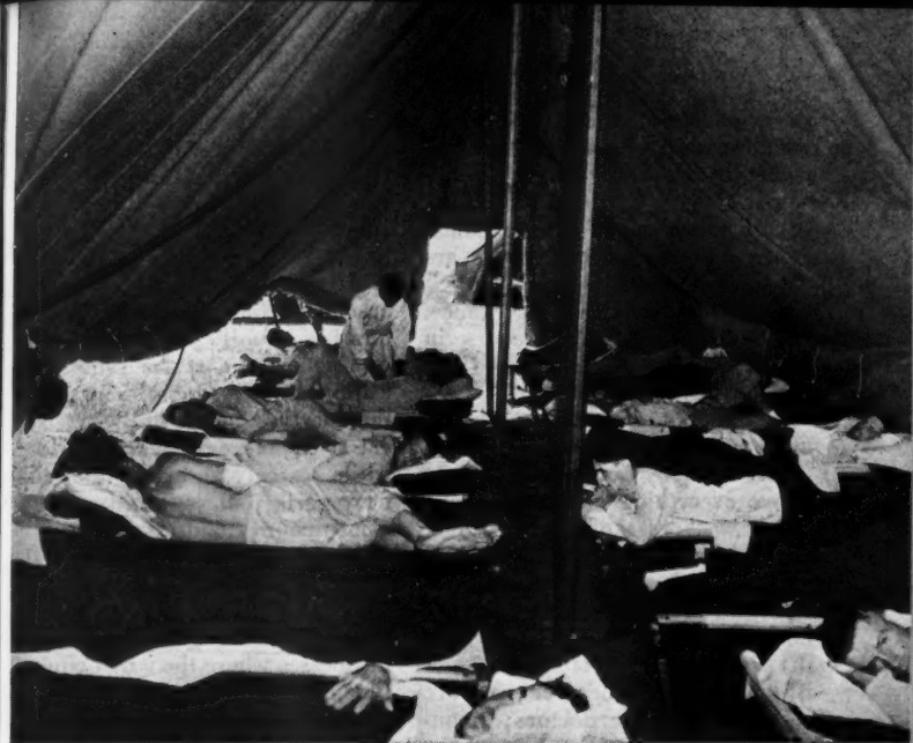
tor handles as many cases as he would in half a dozen years of civil practice. The next case and the next is ever-present. There is no time to hesitate or consult. A doctor in military service must act. Mistakes are made, of course; but from those mistakes and from the quantity of cases which must be treated, there is the constant opportunity to improve one's skill. With increased skill comes greater self-confidence, a combination which is hard to beat in any field.

When asked if his World War experience had been professionally profitable, a doctor who headed a hospital in France with 2,000 beds said:

"Yes, I got a great deal out of it that I could never have gotten in any other way. I received training that is not given in any medical school. Probably of greatest value to me was the sense of discipline I acquired. I learned to take orders and to give them. I learned the

Smith from Black Star





ACME

"War is a man-consuming monster which hurls back into the hands of the doctor every type of sickness and injury..."

value of system and organization which has been of the utmost value to me in hospital work and private practice ever since."

Another spoke of the opportunity which military service offers to study and specialize in some particular phase of medicine:

"By the time you've set several hundred fractures," he commented, "you begin to know just a little more about the subject and are able to do a little better job than the fellow back home who sets a broken arm or a broken leg only a few times each year."

War is a man-consuming monster which tosses back into the hands of the doctor every type of sickness and injury. Whether his specialty

is nose and throat, internal medicine, or surgery, he is provided by war with countless cases upon which to work. The use made of this material is up to him; but those who saw the flood of sick and wounded in 1917-'18 believe that there is no limit to the practical medical knowledge which the ambitious doctor can cull from it.

Others spoke of the privilege they had of working side by side with some of the outstanding physicians and surgeons not only in this country but in France and England. They told of the educational value of watching these men at work, of the medical instruction and advice they received from them—an opportunity made possible only by

the upheaval of war. Many of these contacts outlived the war and became the basis of lasting friendships.

Still others spoke of the medical courses which army surgeons are entitled to take at Government expense before embarking for France. One man spoke of such a course in brain surgery which changed the whole course of his career.

Asked about his war experience, a man now a commander in the Naval Reserve Corps said, "I got above everything else a tolerance for the weaknesses of others." Which is something to think about.

Not only has a doctor the opportunity of benefiting from war, but he has a much greater chance than the average soldier of living through it. It's true that wherever there are soldiers there are doctors; meaning that doctors are as close to the fireworks as anybody else. But even the doctor on duty at the front obviously chooses the most sheltered place available in which to work, and is thus to some extent protected. Farther behind the lines, at the evacuation and base hospitals, every possible precaution is taken to safeguard the lives of both patient and medical staff. The result is that the mortality rate among medical men in the last war was extremely small in comparison with the rate for the mobilized forces as a whole.

The doctor entering military service has it over the average citizen in other ways. He is immediately commissioned as a first lieutenant and becomes a member of the staff with prestige, responsibility, and authority. Base pay for Army doctors now ranges from \$166 a month for first lieutenants to \$333

for lieutenant colonels, plus allowances for rations and living quarters. Pay in the Navy is better, ranging from \$125 a month for junior lieutenants to \$292 for captains.

Army surgeons live with the other officers, and their living quarters are equally as good as those of line officers of the same rank, all quarters varying of course with the location of troops. They also eat at the officers' mess. The food, while scarcely an example of culinary perfection, is usually of sufficient quantity and quality.

Most doctors who enlisted in the last war simply closed their office doors and walked out when the time came. Medicine is not one of those businesses where the wife or pretty blue-eyed daughter can pinch hit for the head of the family while he's away.

In some instances it was agreed by the doctor who stayed home that he would keep only a percentage of the fees he collected from an absent doctor's patients, putting the remainder in a safe place until his colleague returned from France. These altruistic share-the-wealth schemes were nice enough in theory but impractical in operation. Most of them were stillborn. In the majority of cases, the doctor's professional income stopped the day he began military duty.

The commissioned physician undoubtedly suffers financially. If he's worth his salt, his practice is far more lucrative than service in the Army or Navy. The better the practice, in fact, the greater the financial sacrifice.

The younger man just beginning to establish himself has correspond-

[Continued on page 98]

PUBLIC SPEAKING for the Physician

1. SCHEDULING THE TALK

[This new series of articles is, in effect, a complete course in public speaking. It was written by a physician for physicians.

The author began his assignment by making an exhaustive review of most of the literature published on the subject since 1920. He then drew on his own experience as a public speaker over a period of some fifteen years. After that, the material was combined, condensed, and shaped to fit the particular needs of the physician.

Unlike most manuals on public speaking, this one sparkles with none of the "speak clearly" or "have confidence" platitudes. Instead, you'll find it as practical and specific as the instructions on a prescription blank.

Each instalment discusses only a single phase of the entire subject. Readers who wish to retain the complete course are advised to clip out the instalments as they appear.—THE EDITORS]

"Anything at all, Doctor," assures the program committee. "We'll be interested in hearing whatever you

have to say. Pick your own topic."

Jockeyed into this position, you'll want to learn more about the audience than the name of the organization.

So far, you know only that you're going to speak to a parent-teachers association. But PTA groups are by no means uniform. If the meeting is scheduled for the afternoon, chances are that nearly all your listeners will be women. If it takes place in the evening, a fair proportion (perhaps 20 to 30 per cent) may be men.

Suppose the PTA is located in a neighboring city. The name of the school—P.S. No. 12—means nothing to you. Yet you must know whether it is in a prosperous, tree-lined residential community or in the heart of a teeming, foreign-populated slum. (No use telling the latter group, for example, about the health-bringing advantages of an ocean vacation!)

So ask the officer who solicits a speech for a lay group something about the audience:

How many are expected to be present? What is the probable age and sex distribution of the listen-



Don't let the program committee off until they've explained all.

ers? Are they a well-informed group?

You also want to know about previous speeches. Has anyone discussed the same topic before? What did he say? (Believe it or not, some program committees cheerfully book a speaker to review a theme aired before the same audience only a few months earlier.)

Then you want some mechanical details. Do you speak from the



For blackboard showmanship you will need chalk and eraser.

floor or from a stage? If you use slides, will there be a lantern and an operator on hand? If you use charts will they have a suitable rack or stand? If you use a blackboard, will one be available? (Don't forget chalk and eraser, either. Too many talks have been botched by just such trivial mishaps.)

Your next query concerns the order of events. Are you the only speaker? If not, what are the topics of your predecessors? Will their papers conflict with yours? At what time will your talk really start? (Never mind when it's scheduled.) How long should it last? Is it customary for the audience to hurl questions at the speaker? If so,

are they asked orally or delivered through the chairman in writing?

Find out, too, if you're expected to dress formally or in dinner clothes or in a business suit. (For out-of-town speakers at *medical* meetings, dinner clothes are generally the rule.)

You must tell the committee how you are to be described in their publicity. This raises some additional questions:

Will they publish an announcement in their own bulletin and will they release it to the newspapers? Do they have a large board outside the hall on which your name will be emblazoned for days prior to the speech?

Don't let the committee escape until they have answered *all* your questions. Misunderstanding about any one of them may spell painful embarrassment.

Take, for example, the matter of how you're to be described. On the one hand, you don't want to cramp their publicity by demanding a blanket of dark silence. On the other hand, you will not breach the canons of medical ethics by allowing an orgy of apparent self-advertising. These warnings hold particularly when lay groups are to be addressed.

Good taste will frown on being listed in any lay publicity as a "specialist" or as "chief" or "head" of anything. If the committee will permit it, you are safer merely as an M.D.

For the postcard to read "A talk on 'Pneumonia: Captain of the Men of Death,' by John Smith, M.D." is almost as effective anyway as putting a half dozen hospital connections and society memberships after your name. And you are cer-

Business clothes won't make a hit with formally-dressed audiences.



tainly less likely to be charged with advertising.

One final preliminary problem remains: a title. You can select a safe, dignified label like "Tuberculosis" or "Periodic Health Examinations." Or you can choose a melodramatic one like "Will Cancer Kill You?" or "Secrets of a Woman's Doctor." The first type is obviously too dull and unimaginative; the second, too garish and cheap. The ideal title for a lay audience strikes a happy medium. It is dramatic yet dignified.

Take "Periodic Health Examinations," for instance. "Beating the Death Rate" is what one physician called his talk on that subject. The title, although colorful was in perfectly good taste.

Sometimes an apt quotation makes a good title. For example: "Eyes But They See Not" (a paper on blindness); "Wit's End" (a talk on "nervous breakdowns"); "Only Skin Deep" (an address by a dermatologist).

Another favorite type of title is interrogatory: "Are Children's Diseases Necessary?" "Is Syphilis Curable?" "How's Your Blood Pressure?"

It's often effective to use alliter-

ation if it can be done without straining. For example: "Cancer is Curable"; "Constipation and Cathartics"; "Socialized Medicine: Plague or Panacea?"

In any event, keep your title short. Five or six words at the most. To scare off any lay audience, simply confront it with a talk labeled "Tuberculosis in Children: How It is Transmitted, Recognized, and Prevented. With a Discussion of Modern Methods of Treatment." It's guaranteed to clear the hall.

—J. W. HENDERSON, M.D.

Pock-marked walls submit to plastic

If your office went "modern" back in '29, with two-toned rough-textured walls that now look like a bad case of chicken pox, you may wonder if anything will restore them to normal. Fortunately, an inexpensive remedy is available. It consists of a plastic substance that fills the depressions and gives that smart smoothness so often desired today. It readily takes either paint or paper.

Letters to a doctor's secretary

[This is the fifth in a series of revealing letters written by a doctor's assistant to the girl who took her place when she left to be married. The series constitutes a valuable training course in professional office procedure.—THE EDITORS]

Dear Mary:

Did you ever stop to think that when you talk over the telephone your voice literally has to speak for itself? Your smile, your look of sympathy, your attentive expression, cannot be seen. They must all be put into your voice.

There used to be a girl in the admitting office of the hospital whose voice was my envy and despair. Dr. Barry said they paid her \$39 a week for her voice, and \$1 for the work she did. He came close to the truth.

One of the most valuable qualifications you can have as a secretary is a fine telephone voice. Ninety-five per cent of your patients call you on the telephone from time to time. Almost all first appointments are made over the telephone. To a far greater extent than any business firm, the doctor gets clients through "the telephone door."

Does your voice tell patients at once that you are interested in their problems? That you welcome their coming?

Many of the people who call you are ill or worried or neurotic. In such cases, the brisk efficiency of the business office is out of place. A more personal and intimate note must dominate your technique and blend with your efficiency. What do you say? How do you say it?

This particular ability isn't a gift of the gods. It can be acquired by any intelligent girl.

You wouldn't have been hired in the first place if you hadn't had a good speaking voice. Even so, I urge you to take some lessons in voice culture. If private teachers are too expensive, take a university extension or Y.W.C.A. course at night. Many high schools also give free evening courses for adults; to say nothing of the telephone company itself which, in many localities, offers free, short courses in voice training as it applies to answering the office telephone.

Practice diligently and tirelessly. At first you may seem affected both to yourself and others. But disregard this and keep right on. Before you know it the affection will disappear and a greatly improved voice will remain.

If you really cannot take lessons, then train yourself by all means. And do so systematically, as follows:

Practice deep breathing exercises

5. TELEPHONE TECHNIQUE



Ray Albert

every morning and evening. A simple and effective exercise is to place your open palms over your lower ribs with the tips of the fingers of both hands almost touching. Inhale slowly and deeply through the nose. Force the hands as far apart as possible by the swelling outward movement of the lower ribs. Then exhale slowly through the nose until the tips of the fingers come as near each other as the extreme contraction of the lower chest will permit. Repeat five times. Afterwards, fill the lungs to capacity and see how far you can count

without taking another breath.

Whenever you are walking (alone!) on the street, inhale deeply for five steps, hold the breath for five steps, and exhale for five steps, in a continuous even rhythm.

These exercises will make your voice stronger (but not louder) and more agreeable in quality. It will be interesting to note how your power will increase with practice.

After you've been doing this for a little while, begin to read aloud ten minutes a day, giving it, so to speak, everything you've got. Move your lips and jaws even to exag-

geration. Stand in front of a mirror and make as many faces as you like. This is certain to limber you up and give you better control over your voice.

Vowel sounds make speech musical; consonants give it intelligibility. Therefore, consonants should be spoken distinctly; and final consonants should always be slightly stressed. Practice these things often. Think of them whenever you speak over the telephone until they become second nature to you.

Now back to the office:

The telephone rings. If humanly possible, you answer it before it rings a second time. Train yourself to bring your mind to a quick focus upon the telephone the second you hear it. If you're talking with some one, don't forget the "Excuse me" as you interrupt the conversation.

Then, no matter how hurried or tired you are, no matter if a baby is yelling in the reception room, the doctor buzzing for you, a patient waiting at your elbow, and a fire-engine going past, use a cheerful and sympathetic voice without irritation. If you do this, you will have mastered the situation and created the right impression.

Of course, you don't say "Hello" when you answer. That response in offices is completely out of date.

Nor do you reply by giving the telephone number. To the majority of people, numbers mean little. Most patients who have just looked up a number don't remember it anyway by the time they are connected. So the conversation invariably goes something like this:

"Standard 7789."

"Er--what was that?"

"Standard 7789."

"Is this Dr. Barry's office?"

"Yes, it is."

"Dr. William Barry?"

"Yes."

Now isn't that a silly waste of time?

The telephone company advises, and common sense dictates, that you answer the phone by giving the doctor's full name. Speak slowly and distinctly, so that the person calling, no matter how frightened or rattled, doesn't have to ask you to repeat. Speak with a rising inflection, implying a question. In that way you ask in a friendly way what you can do for the speaker. Thus:

"Dr. William Barry's office..."

Not only does this save time, but it also precludes annoyance on the part of the one calling. Spoken in a warm, welcoming, interested tone, the doctor's name is impressed upon the caller's subconscious as a haven of refuge.

In a certain city on the West Coast, there is an association of three doctors. Their secretary answers by saying, "Laboratory of Drs. Ashley, Brown, and Culbertson"—with a slight pause after each name. The advantages of this method are so self-evident that I can't understand why any other should ever be used.

Keep your tone low-pitched and even. Nothing is more disagreeable over the phone than a high, staccato voice. The telephone company advises:

"To make your voice carry most distinctly and at the same time pleasantly and with least effort for yourself, it is recommended that you place your lips near the mouth-piece. A quiet, well-modulated tone

[Continued on page 84]



EDITORIAL

Bedridden

The United States has 6,000 hospitals. The 6,000 hospitals have almost 200,000 empty beds.

Yet it is proposed in Washington to add 360,000 new beds—despite the fact that 98.5 per cent of our people already have hospitals close at hand (within 30 miles), while the majority of counties have more hospitals than they need.

This campaign for more new hospital beds is reminiscent of the late drive for more new post offices. Which in turn reminds us of Chico, the piano-playing Marx brother, who starts a tune and then can't stop it because he forgets how it ends.

Indiscriminate hospital building will, it's true, put laborers to work. It will use up a neat pile of idle bricks as well. But will it help the public? Will it help the hospitals?

It will—further into debt.

Incongruous as the fact may seem

to certain elements within our Government, America's private hospitals don't want hand-outs for new beds and equipment. They want payment for hospital care of the indigent.

Lay reformers often find it difficult, if not impossible, to realize that the public health of a nation depends not on the volume of its professional equipment but on the competence with which that equipment is used.

Wherefore, we repeat:

The private hospitals of this country do not seek money for capital expenditures. They seek payment for services to the poor.

Not until they get it can the best use be made of existing facilities. Not until then will they be ready to undertake any sound program of expansion.

Meanwhile, the dispensers of Federal aid—their myopia self-evident—insist upon putting the cart before the horse.

H. Sheridan Bakelite

No more slip-ups with these

DAILY VISIT SLIPS

Two handy 3" x 5" forms that bridge the gap between house calls and case records

You can, of course, take your case-history cards with you. But in the round of daily house calls they're likely to become dog-eared and the worse for wear.

Perhaps, for that reason, you prefer odd slips of paper or a notebook. Which is all right except that you're likely to overlook some of the facts which should properly be recorded.

What, then, is the solution? Here's a tip:

A printed slip designed especially for the physician and containing all the necessary headings to conserve time and jog the memory is now on the market. Unless you're the casual type who doesn't give That for his records, you'll probably welcome it.

Two versions of this slip are illustrated on the opposite page. They're available from a New York printer in pads of 100.

Properly filled out, the form tells whom you saw and where; to what name and address the bill is to be sent; the date of the call; what symptoms were found; what the diagnosis was; the nature of

the treatment instituted; how much the patient owed prior to the call and after it; what he paid; what the balance is; plus the classification of the call as indicated on a convenient check-list.

A good deal of information, that, for a 3" x 5" slip. Yet there's room for it all.

Each day's appointments should, of course, be listed on the slips ahead of time. Unexpected calls may be recorded as they are made.

A number of practitioners find it convenient to accumulate the slips in a small box with a slotted lid. One about the size of a cigar box will hold as many as are likely to be used during the course of a week.

Once a day, when time permits, the filled-out slips are removed from the pad and deposited in the box. At the end of each week, the slips may be filed or their contents transcribed onto the permanent record cards.

In some instances, the slips are being used not only when the doctor makes house calls but in the office as well.

*Office Visit
House Visit
Night Visit*

★
**PRIVATE
LIVES**

• Only 28 years old, Dr. Harmon Talley Rhoads is probably the first physician to have practiced in Little America. He was doctor on the recent Lincoln Ellsworth Expedition to the Antarctic.

An Arkansas boy who first saw the ocean only sixteen years ago, he was somewhat flabbergasted when offered the job by New York City's Flower-Fifth Avenue Hospital, where he had been an intern. He accepted at once. The sheer adventure was too much to resist.

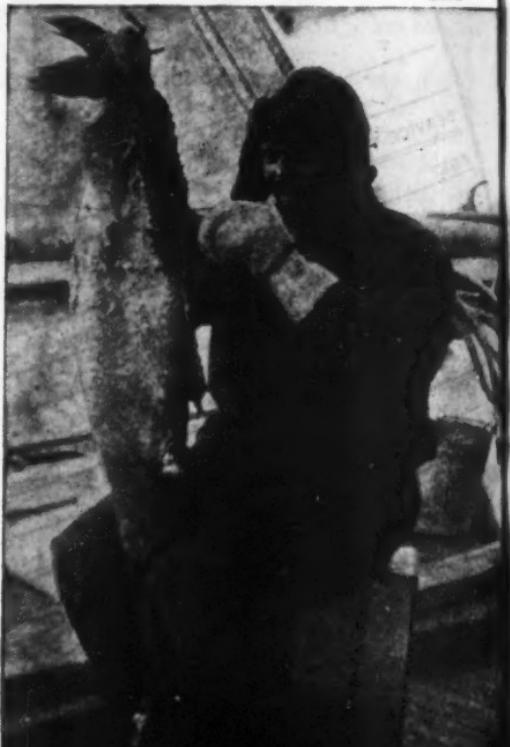
The expedition to Antarctica sailed from New York in August 1938, on a Norwegian fishing schooner renamed the Wyatt Earp, and returned last April. Dr. Rhoads had only three types of cases during the trip. A seaman named Laurits Liavaag broke his leg on an ice floe; another fell from a mast on his head; several others suffered boils.

Because he had to remain near the base, to be ready for medical emergencies, he could do little Antarctic exploring on his own. He spent most of his time watching the ubiquitous penguins. He also ate them in stew, along with horse-meat and seal steak. He does not care if he never sees another penguin.

The intensity of the cold forced him to keep all his clothes on during the entire trip in the Antarctic waters. For amusement he followed the European crises by radio, and on his own set he struck up a friendship with a broadcaster named Iverson, who later turned out to be a New York newspaper man.

Dr. Rhoads now practices with his father in Everett, Wash. He feels that it is still a more promising location than Antarctica.

Inson



ARTICIAN

PRESIDENT

• L. B. Rock Sleyster, president of the A.M.A., was named after L. B. Rock, a railroad official. Friends (who call him "Rocky") report that he dislikes his name; is having it changed legally to Rock Sleyster.

As a youth, Rocky's first contact with medicine occurred in his native Waupon, Wisconsin. He got a job sweeping up in a local drugstore.

He says the classics intrigued him. But so also did one of the local belles to whom he often brought milk chocolates. Unfortunately or otherwise, the romance petered out. The lady in question now remembers only the chocolates and the fact that Mrs. Sleyster's son Rock was a "nice boy."

Few Wauponians could have imagined that by the time he was 28 the drug clerk would be their mayor. But he was. And before he quit the office, he had established the town's first municipal sewerage system.

Rock Sleyster disclaims political ability of any kind. He says he despises politics. He professes to belong to no political party. He even refers to the A.M.A. as "an entirely educational institution."

He says of his first medical office—secretary to the Calumet County Medical Society—that it "just happened." His story of how he



Acme

became mayor is that the nomination papers were filed without his knowledge and that he didn't make one speech or spend a single cent. Yet he walked away with the election.

Since then, he has held many local, State and National positions in organized medicine. He has never lost an election or failed to be voted unanimously into office. In fact, he has never had a competitor.

"Sleyster," friends say, "murders the opposition with inactivity."

Personally, he represents the paradox of a quiet man who loves adventure. A premature attempt to swim once required his grandmother to fish him out of a cistern. Later, after reading Cooper's "Sea Witch," he got a job as assistant purser on a Lake Michigan steamer. Today, he listens assiduously to war news over the radio.

Like so many other doctors, he

married a nurse. Rock, she says, is a model husband. When he gets his dander up, he simply stalks out to the woodpile, gives vent to a few choice expletives, then strolls calmly back to the house, thus saving a great deal of wear and tear all around.

Backwardness and Rock Sleyster have nothing in common. He has always moved forward rapidly.

His interest in criminology once led him to get a job as physician in a State prison. Within four years he was supervising the construction of the new State mental hospital, doing many of the architectural drawings himself.

It was the same in the army. He began as a lieutenant. Soon he was assisting Provost Marshal General Crowder, who had charge of the World War draft. Before he knew it, he was medical aide to the Governor of Wisconsin.

Today, at 60, he is director of the Milwaukee Sanitarium.

His major abhorrence is "swing." He has startled friends by leaving a restaurant abruptly when the orchestra struck up "The Dipsy Doodle."

Only extravagance the doctor apparently has is a passion for book-collecting. The library of his large, rambling home on the grounds of the sanitarium runs the gamut from "Aunt Jo's Scrap Bag," inscribed in Louisa May Alcott's own spidery backhand, to a set of the original Pickwick Papers and two 16th-century Boccaccios.

It's "utterly mad," says Rock Sleyster of his book-collecting hobby. "But I like things that are hard to get."

Perhaps in those words may be found the cue to his success.



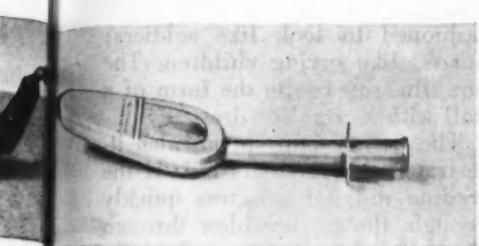
MILKMAN

• Before 1931, Dr. David Overton of Hempstead, N.Y. had only the average pediatrician's knowledge of nursing bottles. But that year marked the beginning of his overweening, so to speak, interest in Early American child-feeding devices. Today he is an authority on the subject; perhaps the only one.

It began when he saw a picture of a pewter pap spoon. He besieged editors, museums, and collectors until he found a man named Kerfoot who owned one. Kerfoot also had two French 18th-century nursing bottles. "The moment I spied them," the doctor says, "I was off."

Since then he has virtually bought out the market. Now the only way he can obtain pieces is to lure them from collectors. This has its lighter side. Once the doctor stumbled upon what its maiden-lady owner described as a Colonial inkwell. Actually, it was a glass device once worn on nipples between nursings. Told the truth, the lady was so embarrassed she urged him to take it away.

Today the doctor's collection totals seventy-five pieces and is considered the finest in private hands.



Practically every period in American life is represented. The earliest items are of 500-year-old pottery from prehistoric Indian graves. They were never filled with animal milk, says Dr. Overton (see cut), but with a mixture of ground nuts and water.

Other examples are tin cans used by the Pennsylvania Dutch; a "scrimshawntner" nipple carved by a New Hampshire whaler; a "bottle" made from a cow's horn; and some of Staffordshire ware and Stiegel glass.

In some frontier sections even today, Dr. Overton declares, babies



are fed from hollow cows' horns. Their adaptation is simplicity itself: First, the tip of the horn is snipped off. Then, a piece of chamois or a glove finger or a tanned cow's teat is tied on to do duty as a nipple (the one illustrated is a bit less rudimentary).

A century ago, the doctor says, mothers often employed a cylindrical tin feeder. On one side was a spout; on the other, a tin nipple. Still another novel device once used was a milk container with a tin saucer. To warm the milk, the mother merely placed some inflammable liquid in the saucer and lighted it.

The Overton collection includes bottles and feeders in an astonishing variety of shapes. Some are

War cuts into insurance coverage

Hereafter, death arising out of military or naval service in time of war will not be covered by several of the standard life insurance policies. All the beneficiary can expect is a refund of the insured's premiums. The policy's face value will not be paid.

Physicians who contemplate buying additional life insurance will do well, therefore, to weigh the advantage of prompt action in securing contracts from those companies which have not yet excluded war-service coverage.

Policies on which this significant restriction has already been imposed can be amended to cover war service only in certain cases and then upon payment of an additional annual premium of from five hundred to a thousand dollars extra per \$10,000 of insurance!

fashioned to look like soldiers; others, like crying children. The one illustrated is in the form of a doll with a crinoline dress.

The pewter pap spoon, also illustrated, is 150 years old. If the feeding did not progress quickly enough, the mother blew through the hollow handle to speed up the process.

Dr. Overton traces nursing-bottle history to the Stone Age. One of his ancestors, he has discovered, produced glass in Salem, Mass. in 1639. So far it has not been determined if he made nursing bottles; his specialty being rum flasks. Dr. Overton would like to locate the bottles—if any—from which the infant George Washington and Abraham Lincoln obtained nutriment. He does not consider American history complete without them.

His researches have brought him chairmanship of his county medical society's milk commission and an invitation to lecture on his bottles at Yale Medical School. They have also inspired his theories as to the nursing bottle's future. One is that it may some day be quartz, to let in ultra-violet rays. Another is that it will be flexible, so that squeezing will force the milk into recalcitrant gullets.

Dr. Overton keeps his bottles in his office. Curious mothers often ask an explanation, creating an opportunity to discuss their children's diets. He confesses a temptation to see if his antiques would work with modern youngsters, but so far has resisted it. Besides, he is afraid the milk might damage his bottles. His two children were nursed on bottles, though modern ones. Milk as might be expected, is his favorite drink.

**WHAT
DO YOU KNOW
ABOUT THAT?**

1. William Osler's famous American valedictory address is entitled:
A. Equality B. Uniquity C. Ubiquitas D. Iniquitas E. Aequanimitas
2. The vacuum tube, which made X-ray possible, was invented by:
A. Fallopius C. Sir William Crookes E. Humphrey Davey
B. Vesalius D. Wilhelm Roentgen F. Michael Faraday
3. In 1938, the number of M.D.'s who received licenses approximated:
A. 1,000 B. 5,000 C. 10,000 D. 20,000 E. 3,000 F. 4,500
4. The "royal touch" was once thought to be a good way to:
A. Borrow money C. Treat leprosy E. Inherit a throne
B. Catch syphilis D. Play poker F. Treat scrofula
5. Color of the academic hood worn on the gown of an M.D. is:
A. Scarlet B. Green C. Yellow D. Blue E. Russet F. Orange
6. A well-known work of which a physician is the author is:
A. Arrowsmith C. Adventures of Sherlock Holmes
B. Doctor's Dilemma E. Dr. Faustus
C. The Anatomy of Melancholy F. Physician in Spite of Himself
7. One of the following was first used in North America:
A. Digitalis B. Quinine C. Smallpox vaccine D. Unicorn's horn E. Mercury
8. The largest operators of hospitals in the United States are:
A. Fraternal orders C. Individuals E. Non-profit corporations
B. U.S. Government D. Churches F. Municipal governments
9. Dr. J. W. Webster, Harvard chemistry professor, is best known for:
A. Works on medical jurisprudence D. Invention of the Retort
B. Drafting the first Anatomy Act E. The murder of Dr. Parkman
C. Discovery of thyroid extract F. Manufacture of a cigar

[Answers on page 72]



Weyer from European

BY WILLIAM J. DAVIS, M.D.

Added income and valuable contacts go with an appointment as town police surgeon. The same is true of posts like school doctor, township physician, or fire surgeon. Dr. Davis explains what these jobs entail, and how to get them.

One of the oddities of medical practice is the small-town physician who blames the big city for a lack of local opportunity. Yet the trait is not incurable. For it is precisely in the smaller community that the doctor can become a dignified, influential community leader.

Posts like school physician, coroner, township physician, police surgeon, and fire surgeon are more easily secured in the small than in

the large city. For one thing, competition is not so keen. And the local political tycoon is not nearly so remote. You may already know him; certainly, a meeting can be arranged.

Consider the post of police surgeon in a small town of 2,500 to 25,000 people. The police force requires at least part-time medical attention. The physician who handles this work may also, perhaps, be township physician, school doctor, or health officer.

Is such a job worth seeking? How does one go about getting it? What are the duties?

To secure answers to these questions, MEDICAL ECONOMICS interviewed several active police surgeons. From their knowledge of the ropes, the following facts have been assembled.

Salary?

Seldom less than \$500 a year;

POLICE

DOCTOR



De Palma from Black Star

usually between that and \$1,500. In larger cities, where the physician devotes part of every day to police work, the schedule starts at about \$2,000 and may reach \$7,000 or \$8,000 for full-time work.

If the \$500-\$1,500 stipend appears too meager to be interesting, consider that it's for part-time work—a few hours a week—only. Remember, too, that it puts the doctor in a position to cement valuable contacts with the civic and political leaders of his community. All of which can make this honorarium decidedly worth going after.

An opportunity for additional fees?

Yes. The police surgeon often administers first aid at automobile accidents. For this he is legally and ethically entitled to compensation from patients who can afford to pay. Or, ultimately, from the per-

son responsible for the accident or his insurer.

What's more, his official status makes it possible for him to collect in cases where the average M.D. might not. (For example, he gets the right name and address of each person involved, since they must show licenses and registration cards to the police.)

Again, the police doctor is often called in acute mental cases to sign commitment papers. For this, too, he is entitled to a fee. A third source of additional income may be examinations of drivers for drunkenness, when such examinations are demanded by accident victims.

Supplementing salary and direct sources of extra income are indirect rewards which accrue almost automatically. A stranger afflicted with sudden illness calls the police. He asks them to recommend a private physician. What more natural

for the desk officer than to suggest the one doctor he knows best? And though firemen, policemen, and town employees may think first of their family doctors, the next name that occurs to them will be their village physician's. Furthermore, the police surgeon can't help but receive a certain amount of favorable (though unsought) publicity. For he's in the public eye every time there's an accident, a fire, or other spectacular disaster.

What are the duties of the official physician?

If he is police surgeon only, his job will include the following: Examining candidates for the force. Examining drunken drivers. Lecturing to police officials on medical topics. Checking policemen off duty because of illness. Periodically re-examining policemen to anticipate illness. Applying medical knowledge in the solution of local crimes. Examining victims of assault and prisoners who claim to have been mistreated by police or jail attendants. Rendering first aid at the scene of accidents or assaults.

If he is fire surgeon, too, he will examine candidates for the fire department; instruct and periodically re-examine firemen; and render emergency treatment at fires.

If he is also township physician (borough physician, etc.), he will advise the city fathers on official medical problems; examine acutely sick mental cases and arrange for necessary commitments; and, in some communities, render medical service to the indigent.

If he is health officer, too, as might be the case in a small village, he will concern himself with problems of communicable disease and community hygiene.

The smaller the municipality, usually, the more varied the duties. Which makes the official doctor's work the more far-reaching in its contacts.

How to become a police surgeon?

That depends, first, on the current arrangement. There may be no police surgeon at all. Or the police, fire, and community health work may already be consigned to one or more physicians, whose services may or may not be satisfactory.

In the first instance, the enterprising M.D. will strike up an acquaintance with the police committee of the town. He'll get to know the chief, mayor, or other local

Butter dish keeps syringes sterile



A common glass butter-dish, standard equipment in most modern refrigerators, serves nicely as a receptacle for keeping needles and syringes sterile.

Simply place the sterile instruments inside, fill the dish with alcohol, and "seal" the cover on with vaseline. To prevent any possibility of rusting, add a pinch of bicarbonate.

leaders. If there's any chance of convincing them that a police surgeon is needed, he will take time out to study the system in a comparable community that already has such an official. He will present this information in understandable and convincing form to the appropriate persons. Finally, he may find it expedient to build a few political fences. Of this, more later.

What if one doctor now handles all the community's official medical needs? It may still be possible to show that the size of the community justifies partition of the service. If the town is growing, the time may be at hand when *both* a police and a fire surgeon, or a police and a township surgeon are needed.

First, of course, you will want to sound out the incumbent. If he is complaining about his case-load, you point out the advantages of lightening it by dividing the service into two separately-paid branches. If he agrees, then you can both collect information from other communities demonstrating the wisdom of this move. Then, together, you can bring pressure to bear on the proper officials.

If every possible medical position is capably filled, the aspirant can do one of two things: prepare himself for the first vacancy; or agitate for rotation of appointment.

The thesis for rotation runs like this: "We have seven physicians in town. Three of them are not interested in this work. Wouldn't it be fairest to everybody and prevent charges of favoritism if the town council rotated the four doctors? Each man could serve a two-year term, retiring to make way for another."

But there are arguments against rotation, too. Chief one is that the short term precludes thorough familiarity with the work. And, of course, the incumbent won't ordinarily be enthusiastic over the principle of rotation. Sometimes, however, he may; so it's worthwhile to find out.

More likely to turn out best in the long run is a private campaign to equip yourself to step into the position when it becomes vacant. Many police surgeons have no desire to carry on indefinitely. Especially if their private practice begins to demand long hours.

The trick is to be available when the opportunity occurs. This means that, as a potential successor, you should give the incumbent your loyal support; pinch-hit willingly in his absence; allow yourself to be trained as an unofficial assistant; and keep yourself in good and prominent standing in the eyes of the town's officials.

This brings us to the delicate but frequently important question of local manoeuvring. It's all very well to be competent, serious, and diligent. But one must be realistic enough to see that to get a public appointment, one more ingredient is necessary. Here's the formula for that essential element, as given to us by a physician widely respected in public as well as private work:

"Policemen and firemen," he explained, "frequently hold social functions: dances, outings, picnics, and the like. Attend them all; don't just buy the tickets. And when you get there, don't sniff at the proceedings as if they were beneath your professional dignity. These boys are all human beings, most of them honest and affable. It won't

hurt you to mix with them. It may take a year or two; but sooner or later you're going to be a big favorite with them.

"Next step is to discover the most potent local political organization. It may be the Republican Club, the Chamber of Commerce, the Men's Bible Class, the Grange, or one of the animal orders. Whatever it is, enroll. Get interested in their work. You'll find them human beings, too. And when the time comes for local bigwigs to make an appointment, they'll naturally think of you.

"The strategy, obviously, is that you've made yourself acceptable to both the rank and file of the department and to the men who can throw the job your way."

Gift discount collects at Xmas

With Christmas close at hand, a collection tip contributed by a Vermont physician is of timely interest.

Last December, he sent out mid-month bills to some of his past-due accounts of more than six months' standing. The full amount owed was stated on each billhead as usual. But the patient's attention was drawn particularly to the statement underneath:

I offer you the opportunity, as a Christmas gift, to settle this account for \$_____, if paid by Christmas Eve.

The results were most gratifying. Only precaution advised by this physician is the exercise of discrimination in deciding to whom the discount shall be extended.

And now an even more delicate problem:

In small-town practice, the local M.D. will have some policemen, some firemen, and some political officials as private patients. If he hopes for future connection with the municipality, should he charge these persons? He may do so on the theory that this shows he considers himself worthy of his hire. But wouldn't it be better to treat them gratis as an advance deposit on political favors to come?

One active police surgeon recommends this system: He sends a bill as usual. If payment comes promptly, it means that the patient expected to be billed. If, after a month, there is no remittance, he simply forgets about it.

One final point:

Being a police surgeon is not all cakes and ale. It may mean a good deal of hard work. Your sleep may be frequently interrupted by emergency calls. You may occasionally risk antagonizing a private patient by having to pronounce him drunk. And in communities where "machine" politics is the rule, the police surgeon may come to be thought of as a "political doctor"—not to be trusted with major surgery or serious illness.

Weigh these disadvantages beforehand. If you believe they can be overcome, your course is clear.

"I accuse the present administration of being the greatest spending administration in peace times in all our history. It is an administration that has piled bureau on bureau, commission on commission, and has failed to anticipate the dire needs and the reduced earning power of the people. Bureaus and bureaucrats, commissions and commissioners have been retained at the expense of the taxpayer."—Franklin D. Roosevelt, Sioux City, Iowa, Sept. 29, 1932.

McNutt Consolidates National Health Program

American Federation of Labor revealed as a major force behind Wagner Health Bill S. 1620...Attempt to enact backdoor substitute via H.R. 6635 meets with failure...Wagner Bill to be reported out of committee in January unless sidetracked by European war crisis.

Washington's better-informed prognosticators, who will usually forecast the future of any national issue at the drop of a hat, are as close-mouthed as clams these days on the matter of Senator Wagner's National Health Act.

Point is that neither they nor any one else can say with assurance whether the act will be enacted or not. For no one knows.

If a guess had to be ventured as to the outcome, it would probably be that enactment at the next regular session is possible but not probable.

Most Congressmen seem fully aware of the vast importance of such legislation to the Nation. Those interviewed in Washington recently see little prospect of its being railroaded through either the Senate or the House of Representatives.

As a matter of fact, its progress will no doubt be punctuated by recurring debates. Supporters of the measure foresee—and are frankly apprehensive of—strong opposi-

tion at every step along the way.

For several months, the bill has been under consideration by a subcommittee of the Senate Committee on Education and Labor. A preliminary report, issued by this group on August 4, stated that on the basis of studies made up until that time, the committee was "in agreement with the general purposes and objectives of this bill," but that it wished "to give this legislation additional study and to consult further with representatives of lay organizations and of the professions concerned."

The committee, it was added, would submit "a definitive report on the proposed legislation soon after the beginning of the next [regular] session of the Congress."

When that is done, the bill will no doubt be listed in the regular manner on the Senate calendar. When its turn comes, it will be brought up for debate on the Senate floor by the majority leader.

Subsequent steps (for the benefit of those who may be a little

rusty on their Congressional procedure) are as follows:

The bill will be voted upon. If it's approved by the Senate, it will

Widgets eliminate corner catch-alls

A room without corners, you'll grant, would be a darned site easier to keep clean and sanitary. So why not do away with them?

It's a relatively simple matter.

All you need are a few rounded metal widgets which, when tacked down, transform corner angles into a continuous curve that blends the floor and walls. If you're building or doing extensive remodeling, try using wood insets which fit corners snugly, making a rounded joint with the base strip. Either of these gadgets may be painted to match woodwork. They're obtainable at lumber and hardware stores for 5 or 10 cents each.

then go to the House. There, as in the Senate, it will be referred to a committee for study. Quite likely, at that time, further hearings will be held.

If the bill is reported out favorably, the House rules committee (whose function it is to decide what measures shall and shall not be considered) will be asked to give a rule on it. This it may be expected to do. If it did not, it

could bottle up the measure indefinitely. The only way to circumvent such strategy would be for members of the House to draw up a petition demanding the bill's consideration.

After the issue has been debated pro and con within the House, it will be voted upon. If passed, and if the President signs it, it then becomes law.

Consideration of the Wagner Bill by the House of Representatives need not, of course, await favorable action by the Senate. A companion bill may be introduced by any member of the House and considered simultaneously. So far, that has not happened. All the House has been asked to do is to study the recommendations of the Interdepartmental Committee to Coordinate Health and Welfare Activities.

These recommendations, it will be remembered, were formally transmitted to the House by President Roosevelt on January 23, 1939. They were referred at that time to the Committee on Ways and Means; but, so far, no legislation with respect to them has been formulated.

At the time that hearings on the Wagner Bill were being held by the Senate sub-committee earlier this year, Senator Robert Taft of Ohio posed this question:

"Would the A.M.A. submit an alternative to the Wagner Bill if asked to do so?"

The answer was, "No." Said Dr.

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All nutrient is absorbed in the intestine in the colloidal state. OVOFERRIN

is simple organic iron in its most minute, most efficient, colloidal subdivision. It is therefore practically odorless and tasteless; it does not stain the teeth; it does not irritate the most sensitive stomach; it does not constipate. A recent clinical study showed OVOFERRIN to be approximately as effective as ferric ammonium citrate even though five times the amount of iron was given in the latter form. Supplied in 11 ounce bottles. Adult dose—one tablespoonful four times daily. Write for gratis sample.

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Roscoe Leland, director of the A.M.A.'s Bureau of Medical Economics: "We're not in the business of drafting laws."

It now appears that a change in A.M.A. policy may be in the offing. Sources close to the association's Committee on Legislation (Dr. E. H. Cary, chairman) declare that either a substitute bill or a substantially-amended version of the present Wagner Act may be announced by organized medicine for consideration in the near future.

One of the most enlightening pieces of news heard recently by MEDICAL ECONOMICS and unannounced elsewhere is that the American Federation of Labor was one of the guiding forces behind the drafting of the Wagner Bill. This fact was confirmed shortly before going to press.

Labor's interest in a system of tax-supported medical care has long been known. A.F. of L. convention speeches have frequently emphasized the benefits to the laboring classes of "free" medical service at "Government expense." But not until now has the active

part played by the federation in promoting state medicine been disclosed.

Were the A.M.A. accustomed to issuing communiques in the manner of the French high command, it would have dispatched one recently as follows:

"There was negligible activity by enemy contact elements during July. At the beginning of August, a surprise attack against our forces was repulsed."

Here's how the attack referred to occurred:

After the Senate sub-committee declared on August 4 that no attempt would be made to have the Wagner Bill acted upon for 1940, many private physicians breathed a sigh of relief, believing that Government efforts to control medicine would be withheld for the time being at least. To their great surprise, an offensive was launched almost immediately and from an entirely unsuspected angle:

No sooner had the Senate sub-committee's pacifying announcement been made, before a bill (H.R. 6635) was introduced in Congress

National HEADLIGHT EQUIPMENT *fulfills every possible light requirement*



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COMPLETELY DIFFERENT!—Designed to fill ANY and EVERY need. A choice of Specialists' Mirror Reflecting or Direct Type Headlight. Choice of three headbands, including the new semi-flexible, featherweight, washable Ivory Acetate. The ONLY headlight permitting a CHOICE OF OPERATION on battery handle, transformer or resistance cord (A.C. or D.C.).

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Of definite advantage in the management of chronic gall bladder and biliary tract disease is the induction of an increased flow of bile, flushing the entire biliary apparatus and thus removing pathogenic organisms and inflammatory products.

KETOCHOL . . . a combination of the oxidized or keto form of those BILE ACIDS (cholic, desoxycholic, chenodesoxycholic, and lithocholic) which are normally present in human bile —has been shown to stimulate an increased formation of aqueous bile, averaging 144%. Used in combination with frequent feedings of a diet rich in uncooked fats, and antispasmodic therapy, Ketochol offers a logical, clinically proved and highly effective means of treating chronic cholecystitis, cholangitis, and certain cases of hepatic dysfunction and congestion.

Average dose: one tablet t.i.d. with or immediately after meals.
Supplied in bottles of 100 and 500 tablets.

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for the purpose of amending the Social Security Act. This bill embodied numerous features of the Wagner Bill on a smaller scale

Lowering the too-high ceiling

Are the ceilings in your office too high? Do they give it an old-fashioned appearance? If they do, you needn't fear social ostracism.

They can be made to look lower by adding to the apparent width of the windows. Simply have your draperies hung from a wooden cornice which is at least a foot wider than the window on both sides. This will not only make the windows look broader, but will also tend to lower the apparent height of the ceiling.

If you wish to obtain an opposite effect, merely reverse the process: Add a broad valance above the draperies, the same horizontal width as the windows. The effect of this will be to "stretch" the window from bottom to top and to "push" the ceiling up higher.

and was regarded as a foot in the door to state medicine.

The practice of attempting to slip legislation through Congress in the form of riders and amendments is not a new one. Yet few doctors appear to have expected that it would be utilized in the pres-

ent campaign for state medicine.

Most objectionable proposal in H.R. 6635 was the establishment of a nationwide Federal medical service, under Social Security Board auspices, for persons unemployed because of physical disabilities. This service, which it was felt might spread to other portions of the population, was proposed in Section 207 (b) of the bill, which reads as follows:

The [Social Security] Board may make provisions for furnishing medical, surgical, institutional, rehabilitation, or other services to individuals entitled to receive primary disability benefits, if such services may aid in enabling such individuals to return to gainful work. Such service shall be furnished by qualified practitioners through governmental and non-governmental hospitals and other institutions...

Fortunately for the private practice of medicine, this amendment did not go through. H.R. 6635 was passed by both the House and Senate and signed by the President on August 10, minus the offending section.

The man to watch in connection with the National Health Program is Federal Security Administrator Paul V. McNutt. The Federal Security Agency which McNutt now heads has jurisdiction over the U.S. Public Health Service, the Social Security Board (and, incidentally, the CCC). When and if



VITAFER TONIC

A general hematinic and reconstructive tonic with wine base. Furnished in pint and gallon bottles.
Order today.

THE NATIONAL DRUG CO., Philadelphia, U.S.A.

M.E. 11-39

A Colonic "STAFF" for the Aged



For the aged, a gentle eliminant is often useful to stimulate peristaltic function in sometimes lethargic intestinal muscles. Entirely suitable for this task are the salines.

Sal Hepatica

Constipation therapy at its finest is available in Sal Hepatica. Synergistically blended mineral salts exert osmotic influence to provide *liquid bulk* which effectively stimulates lethargic colon muscles. Waste is gently eliminated. Sal Hepatica also helps to combat excessive gastric acidity and promotes increased flow of bile.

Sal Hepatica resembles the action of famous natural aperient waters. Its bubbling effervescence yields a pleasing drink . . . A note on your letterhead will bring you samples and literature.



*Sal Hepatica Flushes the Intestinal Tract
and Aids Nature Toward Reestablishing a Normal Alkaline Reserve.*

BRISTOL-MYERS CO.

19-II WEST 50th STREET

NEW YORK, N. Y.

Pamphlets on SOCIALIZED MEDICINE

For Distribution to Your Patients



Do you believe the public should be taught the evils of socialized medicine? Then you'll want to do your part by distributing copies of the pamphlet shown above. They're available at cost: 25c per carton of fifty.

Simply place a carton on your reception-room table. Fold back the top, which reveals the words, "Take One!" And patients will help themselves.

The pamphlets have several unique advantages: They're brief—only about 900 words long. They're carefully worded to reflect the best professional ethics. They're comprehensible to anyone. And they're inexpensive and convenient to use. No commercial or other imprint appears on them except the words, "Copyright, 1938, Medical Economics, Inc." in small type. They measure 6" x 3 1/3" and have two folds. A sample is yours for a three-cent stamp.

Medical societies may obtain the pamphlets in large lots (without cartons) for distribution among service clubs, legislative bodies, and other opinion-molding groups. Address: MEDICAL ECONOMICS, INC., Rutherford, N. J.

the Wagner Bill becomes law, McNutt will administer it.

The new head of the Federal Security Agency has long taken an active interest in matters of public health. While Governor of Indiana, he reorganized the entire welfare set-up of that State, maintaining close supervision over its operation thereafter.

One of his present jobs is to set up machinery for administering the Wagner Act should it be passed. He has as his assistant Miss Mary Switzer, former aide to Josephine Roche whose committee drafted the National Health Program.

From the White House viewpoint, McNutt may be a highly useful factor in the 1940 Presidential campaign. Both political parties recognize the vote-getting power of a national health program. Both parties are anxious to make capital of such a program prior to the next election.

Dr. Glenn Frank, chairman of the Republican program committee, will probably offer the voters a health program as an example of the benefits to be expected if the Republican candidate is supported. Democratic party heads, on the other hand, will bend every effort to beat the opposition to the draw by putting a health program into effect before the election takes place.

On the outcome of this tilt depends the future course of private practice in the United States.

COLLECTIONS!

The PHYSICIANS' COLLECTION SYSTEM—sent FREE—is now in successful use by more than 6,000 Doctors. Use the coupon for your copy—no obligation.

ARROW SERVICE,
Arrow Bldg., Schenectady, N. Y.

Send me, free of charge, your
Physicians' Collection System.

Address M.D.
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Doctors everywhere choose Gruen professional watches for accuracy and convenience!

These new Gruen Wristwatches are
specially designed for the Medical
Profession!

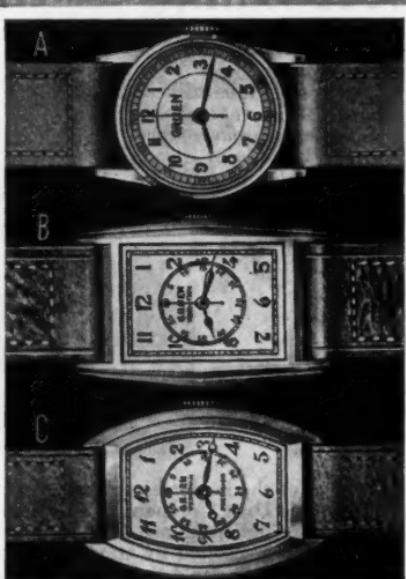
In designing these timepieces specially for the medical profession, Gruen craftsmen have truly combined precision accuracy, modern convenience, and modern style.

The four Gruen "Professional" wristwatches on this page are fine examples. Notice, all dials are easy to read . . . all have full sweep second hands . . . all cases are smartly handsome.

And underneath these convenient dials and modern cases are genuine Gruen wristwatch movements—rugged, accurate, full-sized for pocket-watch precision!

See these Gruen "Professional" wristwatches at your Gruen jeweler's today. Strap one on your wrist—you'll agree with thousands of doctors everywhere that no more convenient, smarter, precision wristwatch has ever been made! At Gruen jewelers' only, \$24.75 to \$250; with precious stones, up to \$2500. Write for folder.

The Gruen Watch Co., Time Hill,
Cincinnati, Ohio, U. S. A. In Canada,
Toronto, Ont.



FOR YOUR NURSE



A. SKY CHIEF, 15 Jewel movement, yellow gold-filled case with Guidite back \$29.75

C. VERI-THIN* TECHNICIAN, 17-jewel Precision, yellow gold-filled case, Guidite back, \$39.75

B. VERI-THIN* INTERNE, 15 Jewels, yellow gold-filled case, Guidite back . . . \$33.75

D. VERI-THIN* MERCY, 15 Jewel movement, yellow gold-filled case, Guidite back . . \$29.75

*REG. U. S. PAT. OFF. PATENTS PENDING.
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Gruen
The PRECISION Watch

GIFTS FROM YOUR JEWELER ARE GIFTS AT THEIR BEST!

The most modern Vitamin Research technique developed by the United Drug Company is your assurance of **YOUR PATIENTS' SAFETY AND PROTECTION**

Here is the Vitamin Meter in use. A copy of the paper on this new method of measuring Vitamin A content by McFarlan and Reddie, read before the American Chemical Society, is available upon request.



Typical of the leadership of the great modern, scientific laboratories of the United Drug Company is the creation of a method and an instrument for measuring Vitamin A content within 2% in 2 minutes. This Vitamin Meter was perfected by staff scientists Dr. R. L. McFarlan and J. W. Reddie. In this one department alone are 12 laboratories each equipped with the latest scientific apparatus and staffed by 40 picked scientists including physicians, chemists, pharmacists, bacteriologists, physicists and other scientists.

It is this department of the United Drug Company's Department of Technology and Research which checks and controls the high standardization of all U. D. and Puretest Vitamin products, constantly striving to improve the uniform quality upon which thousands of physicians everywhere rely for safe, dependable therapeutic weapons in their daily practice.

U. D. and Puretest Vitamin products are available only at Rexall Drug Stores in the United States, Canada, and throughout the world. Liggett and Owl Stores are also Rexall Stores. These 10,000 stores are ready to fill your prescription to the letter with any standard product, including U. D. fine chemicals and pharmaceuticals produced for them by the United Drug Company in its spacious, modern laboratories.

Specify U. D. or Puretest Vitamin Products for Quality.

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Pharmaceutical Chemists — Makers of tested-quality products for more than 36 years

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MED



55,000 treated at World's Fair

*Staff physicians at New York's exposition
blame modern architecture for high
number of injuries from falls*

If practice has been slow recently, you may envy Dr. Joseph Peter Hoguet. During the past six months, he has had 55,000 patients.* To care for them, he has had to maintain four offices and twenty-two assistants, the latter working in shifts. And not a single patient has had to pay a fee!

All of which would point to Dr. Hoguet's being a philanthropist or a British panel practitioner. Actually, he's medical director of the New York World's Fair.

Practice in the World of Tomorrow, he recently explained to a MEDICAL ECONOMICS reporter, is far different from that of the average G.P.

*This and other statistical figures quoted are estimated final totals.

Since all care is "on the house," there are, of course, no collection problems. Nor is there any lack of patients. On the contrary, a chief duty of the medical staff was to discourage persons seeking free care beyond first aid needs. Even then, they presented themselves to Fair doctors at the rate of 320 a day.

In July, for example, Dr. Hoguet and his men handled 10,627 cases. This turnover kept them on the go all day, the busiest hours almost always being from 6 P.M. to 8 P.M. About 180 of the Fair's patients, Dr. Hoguet states, were physicians!

Though the Fair's attendance totaled about 30,000,000, Dr. Hoguet didn't have a single really

unusual case. Except, that is, for Donald, a duck in the "Strange as it Seems" exhibit. A lacerated foot got Donald *entré* to the elaborate medical facilities maintained on Flushing meadow.

Most frequent complaints were injuries resulting from falls. Dr. Hoguet is inclined to blame a number of these on the architecture in the World of Tomorrow. Some people, he relates, were so dazzled by the irregular lines and brilliant color patterns of the buildings that they lost their bearings; ran smack into somebody or something, and were hurt. Others mistook windows for doors and tried to walk through them, or failed to recognize a flight of modernistic stairs until they had precipitately reached the bottom.

As the result of these accidents, several patients have threatened the Fair with liability suits. But malpractice is one thing Fair doctors don't have to worry about. Dr. Hoguet was careful to warn his staff against setting fractures. Such patients were simply made comfortable until a private physician arrived. As a double check, an X-ray truck took pictures of every fracture. No patient in this classification was exempted—not even

Frank Buck's monkey, who fractured a humerus.

Hysterical women, doubled up with uterine cramps, besieged the first-aid stations in droves. Dr. Hoguet would not venture a guess as to the cause, beyond the "excitement" of certain exhibits. Excitement was also believed to be behind the Fair's eleven* fatalities: ten from "heart failure" and one from apoplexy. Then, of course, the Fair had the usual quota of gastritis and headache sufferers.

Oddly enough, the Fair's elaborate delivery room had never been used up to the time this issue went to press. This rather embarrassed statisticians, who, on the basis of six births recorded at Chicago's Century of Progress exposition, had predicted twenty for New York. The nearest the doctors got to an OB case was when a woman decided it would be nice to have her youngster born on the grounds. Unfortunately, she notified the Fair authorities of her intentions. They referred her to her family doctor.

When Dr. Hoguet's official shingle was posted in the shadow of the Trylon and Perisphere last May, he had in his charge six first

*Up to October.

VIM NEEDLES *Square Hub Security*

Grip the VIM "Square Hub" Needle and you will see how this original VIM feature gives you substantial security. Made of Firth-Bearley Stainless Steel—VIM Needles outlast ordinary needles 3 to 5 times. Ask for "VIM" Needles.





BENZEDRINE SULFATE TABLETS

Brand of Amphetamine Sulfate

The dosage of 'Benzedrine Sulfate Tablets' varies considerably with the individual and with the condition for which the preparation is prescribed. The following paragraphs, however, may serve as a guide to "Normal Dosage".

DEPRESSIVE STATES

One-half to two tablets (5-20 mg.) daily. Administered in one or two doses before noon.

A test dose of one-quarter to one-half tablet is desirable. If there is no effect, this dosage should gradually be increased. In depressive psychopathic cases the patient should be institutionalized during the administration of 'Benzedrine Sulfate Tablets'.

NARCOLEPSY

Two to four tablets (20-40 mg.) daily as required. Administered throughout the day.

POST-ENCEPHALITIC PARKINSONISM

Two to four tablets (20-40 mg.) daily. One-half of the dose at breakfast and the other half at noon.

'Benzedrine Sulfate Tablets' have also been used successfully in conjunction with stramonium, scopolamine and atropine.

The coupon below may be convenient if you wish a clinical supply.

SMITH, KLINE & FRENCH LABORATORIES

111 North Fifth Street, Philadelphia, Pa.



Please send me, free of charge, a supply of 'BENZEDRINE SULFATE TABLETS' for clinical trial.

Name _____ M. D. _____

Street _____

City _____ State _____

o

aid stations and a staff of thirty doctors and forty-three nurses, ambulance-drivers, and clerks. Later, two stations were closed for reasons of "economy," and the staff cut to fifty-five. Of these, twenty-two were physicians—all private practitioners—who drew pay on an hourly basis for their part-time work at the Fair. How much they received is a secret between Grover Whalen and the lamp post in front of the New England Building.

With the Fair now deserted by visitors until next May, when it is scheduled to be re-opened, all the first-aid stations but one have been closed. Manned by a skeleton force, this lone eagle will keep a vigil over the health of the Fair's maintenance employees during the winter.

The Fair's medical exhibits were a decided success.

The Medicine and Public Health Building drew 31.13 per cent of the total attendance. This puts it among the Fair's first four attractions. On the strength of which its board of directors has already voted to continue it for another year; perhaps with improved exhibits.

A similar decision was made in regard to the Professional Club, which has a membership of over

4,000 doctors. The latter came from every State in the Union but Wyoming, and from twenty-nine foreign countries. Among the professional organizations meeting in its clubrooms were the International Cancer Congress, International Congress for Microbiology, Norfolk & Western Railway Surgeons Association, and the Octological Society (wives of members).

One of the most popular exhibits in the Medical and Public Health building was that of the Queens County Medical Society. It offered visitors the opportunity to have their chests X-rayed. Of some 7,240 who, up to September, had accepted the offer, 721 were found to have definite pathology. They were recommended to the attention of their doctors.

Another gauge of the public desire for health information was the questions asked at the information desk in the Science and Public Health Building. Thousands of these dealt with medicine; ranging from "Why is there no vitamin 'F'?" to a plea for a psychiatrist to psychoanalyze a party of six people.

Many queries, however, were more humorous than anything else. Hypochondriacs rattled off long

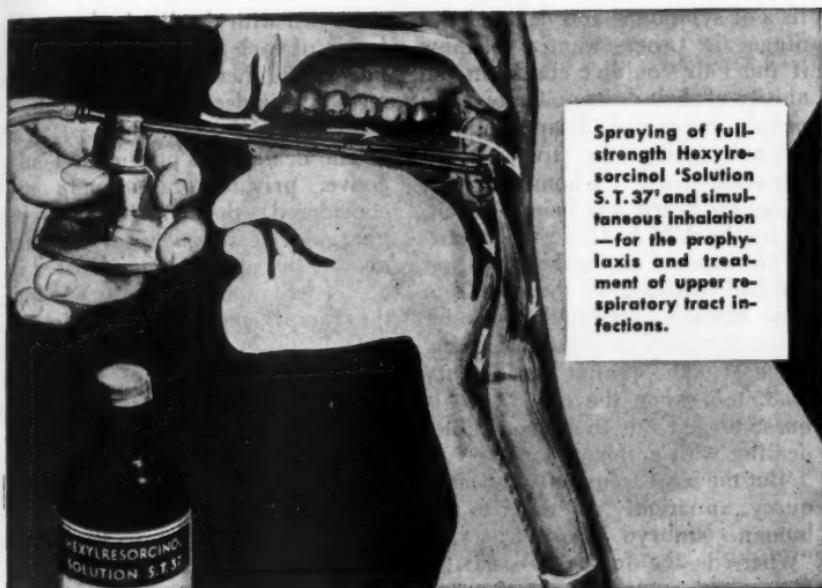


Prevent TRAUMATIZATION

Applied directly onto the anus, KI-UMA Ointment controls the discomfort of pruritus ani, hemorrhoids, and perianal eczema. The impulse to scratch is obviated, and secondary traumatic lesions are thus prevented. In favorable cases, hemorrhoidal masses are reduced in size and bleeding is controlled. Samples on request.

E. FOUGERA & CO., Distributors NEW YORK

KI-UMA Ointment



Consider Tissue-Toxicity in the antiseptic you employ

ALTHOUGH many chemical compounds possess highly efficient germicidal action, the method by which this activity is tested signifies only bacterial destruction *in vitro*. For clinical use of an antiseptic on or within the body, relative freedom from tissue-toxicity is of major consideration.

When evaluated on the basis of both tissue-toxicity and germicidal action, with *Staphylococcus aureus* being used as the test-organism, Hexylresorcinol

receives the highest rating, i.e., the lowest toxicity index, of all the commonly used antiseptics tested:¹

| GERMicide | TOXICITY INDEX |
|--------------------------------------|----------------|
| Hexylresorcinol | 0.9 |
| Mercurial I | 1.5 |
| Silver Protein Strong U.S.P. | 1.7 |
| Silver Nitrate | 1.8 |
| Phenol | 2.0 |
| Silver Protein Mild U.S.P. | 2.5 |
| Mercurial II | 7.2 |
| Mercurial III | 169.0 |

This important study of antiseptics has ample clinical substantiation in the growing widespread use of Hexylresorcinol 'Solution S.T. 37' by physicians for the prophylaxis and treatment of infections.



"For the Conservation of Life"

SHARP & DOHME

Pharmaceuticals Mulford Biologicals

PHILADELPHIA

MEDICAL ECONOMICS, NOV. 1939

J. Bact. Vol. 36, No. 3, p. 264, Sept. '38

lists of symptoms and demanded a diagnosis. Others wanted to know if the Fair couldn't check on the ability of their doctors. Quite a few people expressed disappointment at not seeing the five-year-old Peruvian mother, whom they had somehow heard was being exhibited by the A.M.A. One woman tartly informed Fair authorities that she had travelled all the way from New Mexico to view this wonder child. A man who came in looking for a "Goethe exhibit" was pretty mad, too, when the object of his quest turned out to be something dealing with goiters.

But the most frequently repeated query, apparently referring to the human embryo exhibit, was: "Where is the foetus?"—ARTHUR J. GEIGER

Location tips

A free service to M.D.'s seeking places in which to practice

An up-to-date list of towns in which physicians have just died is compiled each month by MEDICAL ECONOMICS. A copy of the current list is now available to any reader on request.

Shown with the list is the population of each town, the number of physicians there, the specialty (if any) of the deceased, and the hospital facilities available.

The death of a physician (only active, private practitioners are considered) does not, of course, guarantee a vacancy for another doctor. But openings are created in a sufficient number of towns so that they amply merit investigation.

Only those communities are included in the list which have less than 50,000 inhabitants and in which the ratio of physicians to population is reasonably favorable.

Names of some of these towns are submitted by cooperative doctors and laymen. In most cases, however, they are obtained from MEDICAL ECONOMICS' post-office returns (returned copies marked "deceased"). They thus constitute the most complete and timely list available anywhere, due to the magazine's comprehensive circulation (more than 128,000 monthly).

NOTE: Readers are cordially invited to submit names of towns in which vacancies for physicians have occurred. Address them to MEDICAL ECONOMICS, Rutherford, New Jersey.

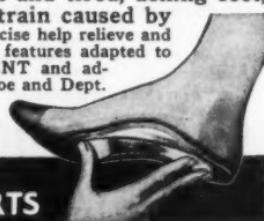
EXAMINE FEET

Weak Arches Often the Cause of Rheumatoid Pain in Feet and Legs

Many cases of rheumatoid foot and leg pains and tired, aching feet, are traceable to muscular and ligamentous strain caused by weak or fallen arches. Dr. Scholl's Arch Supports and exercise help relieve and correct these conditions. Designed with special orthopedic features adapted to all types of feet. Thin, light, EXTREMELY RESILIENT and adjustable as condition of feet improves. Expertly fitted at Shoe and Dept. Stores and at Dr. Scholl's Foot Comfort Shops in principal cities. \$1 to \$10 a pair. For Professional literature, write The Scholl Mfg. Co., Inc., Chicago.

Dr Scholl's ARCH SUPPORTS

Foot Comfort



These New B-D Utility Cases

No. 2527H



No. 2525

**...were designed expressly
for physicians, and have
proved extremely popular**

No. 2527H

Small enough to be very handy—big enough to hold all that's needed on the average call. Very well made and finished, and especially neat in appearance. Made of black, moose-grain cowhide with slide fastener, and completely lined with rubber. The handles are specially designed for comfort in carrying. The dimensions are 12" long, 4½" wide and 5½" deep.

No. 2527H—Price.....\$6.00

No. 2525

On many calls this convenient little case—in either of the two sizes—renders a regular size physician's bag unnecessary. The case is made of fine, moose-grain cowhide. Entire lining of rubber. The easy-running slide fastener makes the contents readily accessible.

No. 2525—5"x9"x3", price.....\$3.75
—and for those who want the same bag in slightly larger dimensions—
No. 2526—5"x11¼"x3", price \$4.75

B-D PRODUCTS

Made for the Profession

BECTON, DICKINSON & CO., RUTHERFORD, N. J.

"NOW THAT'S THE KIND OF A DOCTOR I LIKE!"



1. "Yes, sir, you can talk all you want to about doctors ... but I'll take *my* Doctor every time! He's a wonder!"



2. "Take that time he had to tell me to cut out caffeine! 'Doc,' I said, 'I'll try ... but that's a large order, asking *me* to give up coffee!'"



3. "'Who asked you to give up coffee?' snorts the Doctor. 'Drink Sanka Coffee ... it's *real* coffee ... but 97% of the caffeine has been removed!'"



4. "So I tried Sanka Coffee ... and found it the noblest brew a man ever tasted! And, because it's 97% caffeine-free, it lets you give up caffeine without missing *any* of the flavor, warmth, and satisfaction of really fine coffee!"

NOTE TO DOCTORS:

We'd like very much to have you try Sanka Coffee in your own home. Mail the coupon and get your free quarter-pound of Sanka ... without obligation. Sanka Coffee has been accepted by the Council on Foods of the American Medical Association with the statement: "Sanka Coffee is free from caffeine effect and can be used when other coffee has been forbidden." Now available in both "drip" and "regular" grinds. Be sure to make Sanka Coffee **strong** — a heaping tablespoon to each cup. A General Foods Product.

SANKA COFFEE
REAL COFFEE
... 97% CAFFEIN-FREE



M.E. 11-39

GENERAL FOODS, Battle Creek, Mich.

Please send me, free and without obligation, a one-quarter pound can of Sanka Coffee.

Name _____ M.D.

Street _____

City _____ State _____

Offer expires June 30, 1940, good only in the U.S.A.

Collecting—by mail

*Diplomacy is the keynote of this
carefully-planned schedule of
collection letters*

Patients owe you money? Then do two things:

1. Make it easy for them to pay.
2. Allow them to save face and maintain their self-respect.

If you do, and they're honest, they'll be everlastingly grateful.

A well-planned schedule of collection letters affords a natural medium for achieving these ends. Before the letters, however, comes a little groundwork. This consists of classifying your accounts and segregating the defaulters. They will invariably fall into three groups:

Class A. Usually prompt. People who have ample funds and intend to pay, but who must be treated with the utmost delicacy. People who are unable, temporarily, to take care of their debts.

Class B. Slow pay. Patients whose accounts may be labeled "probably collectible." Usually honest and willing to arrange for payments; but must be tactfully induced to do so.

Class C. Difficult to handle. Poor risks.

Now about those letters.

Their *raison d'être* is that they allow you to carry over to your collection efforts that personal relationship so important in your medical work. You continue to show a helpful interest.

So your letters begin in a friendly, open manner. That note is main-

tained so long as there's any hope at all of payment. If you have a secretary, let her act sometimes as your cordial intermediary.

For Class A delinquents, a simple reminder—short, but not snappy—is the ideal. The secret of its success is based on a simple idea: You *remind* the patient of his obligation and of your desire to receive payment without having to press him unduly.

Here are some tactful notes which, when accompanied by a statement, are effective with Class A patients. These and the following letters have been tested successfully by a West Coast practitioner:

Dear Mr. Anderson:

Did you receive our statement of account sent you on the 1st? You have always been so regular in your payments that we think it may have gone astray. Hence, we are taking the liberty of enclosing a duplicate.

With kind regards...

Yours sincerely,

Or, to collect a small Class A account:

Dear Mrs. Abbott:

In checking over our books, we find a charge of \$7.50 for services last July. We are sorry to trouble you with so small a matter, but we wish to close all such accounts by the first of the month. We shall greatly appreciate your remittance.

Yours sincerely,

Still another alternative:

Dear Mrs. Arnold:

Dr. Hall has asked me to check up on

5 WAYS *this* *can help you in*



For Building Up children who are underweight, nervous, and lack normal appetite.



To Provide Easily-Digested, "protective" nourishment for convalescents.



As a Nourishing Food for elderly people and others who are on restricted diets.

THE ABOVE PHOTOGRAPHS may help to define to you a number of the ways in which Ovaltine may serve you in your practice.

Please note, at the right, the variety of food essentials present in Ovaltine. These food essentials have always been present in this product. Of course, as scientific knowledge has advanced, certain of them have been augmented by further fortification. Thus Ovaltine can be an important help to you in combating certain common deficiencies of the diet.

But Ovaltine is not a vitamin and min-

eral concentrate. It contributes quality proteins, quickly-absorbable carbohydrates, fats in a high state of emulsification. It is easy to digest. It inhibits the formation by milk of tough curds in the stomach. It helps digest starchy foods, thus tending to relieve the digestive burden—particularly of those who "bolt" their food.

For all these and other reasons, Ovaltine may be called a "protecting" food, suitable for inclusion in any diet where the problem is one of "building up." It is being increasingly relied on by physicians in problems of this character. Because of its

for "Building-up"...

"protecting" food your practice...



To Fortify the diets of expectant and nursing mothers in certain valuable food factors.



For Those who can't drink tea or coffee, and to provide food-energy rapidly.



Note Below, the wide variety of food elements which Ovaltine contributes to the diet.

quick digestibility, protective factors and other properties, it is especially suitable for growing children, convalescents, elderly people, expectant and nursing mothers and those who cannot drink tea or coffee or suffer from the fatigue caused by depletion of energy reserves between meals.

Why not resolve to recommend Ovaltine more often in your practice? Your patients will be delighted by its taste—and you may be certain that they will benefit from its valuable "protecting" and building properties.

Ovaltine is today available everywhere.

OVALTINE

Ovaltine supplies these food factors:

VITAMIN A, essential for health of the eyes and the epithelial tissues of the body.
VITAMIN B₁, necessary for appetite, nerves and health of the digestive system.
VITAMIN D, the antirachitic vitamin.
VITAMIN G, considered necessary for normal cell metabolism.
CALCIUM, PHOSPHORUS, the bone-building minerals.
IRON, for hemoglobin regeneration.
PROTEINS of excellent quality.
CARBOHYDRATES which are quickly absorbed.

FATS, in highly emulsified, digestible form.
As you can readily see, Ovaltine is a well-rounded dietary supplement that can be of immense value to you in your practice.

Arthritis

CHRONIC RHEUMATISM and ALLIED CONDITIONS

call for combined Sulphur, Iodine, Calcium, and a powerful solvent and eliminant of uric acid.

Such is

LYXANTHINE ASTIER

Given by mouth, it tends to relieve pain, reduce swelling, improve motility, by reaching causes—not merely relieving symptoms.

Write for Literature and Sample.

GALLIA LABORATORIES, Inc.
254 WEST 31st STREET, NEW YORK

LOBELIN - BISCHOFF

RESPIRATORY
STIMULANT

SAVES LIVES BY
OVERCOMING ASPHYXIA

Infant and Adult Doses
in Ampules

ERNST BISCHOFF COMPANY
Incorporated
IVORYTON, CONNECTICUT

our outstanding accounts. Among them I find your name.

The attached statement is a duplicate of the last one we sent you. The doctor will greatly appreciate your check by return mail.

Yours sincerely,
Mary Martin, Secretary

Each of these letters is worded specifically to suit a preferred list of patients. The phraseology is simple and restrained. The appeal is brief, but friendly. The result is a high percentage of collections without the risk of offending a single client.

Patients to whom you assign a Class B rating are a little more difficult. Most of them, you'll find, are willing to arrange for payment of their accounts, provided an opportunity to do so is tactfully placed before them. If you can get them coming in regularly to make remittances, you have effected a good beginning.

The most diplomatic appeal, again, is that which assumes good will on the patient's part. Note how this approach is carried out in the following letter:

Dear Mrs. Bailey:

According to our records, your unpaid account amounts to \$200. I remind you of this because we are now trying to clean up all outstanding charges.

A word from you regarding your account would be most helpful at this time. If you are unable to take care of the full amount, will you be kind enough to drop in and see us?

Many thanks.

Yours sincerely,

The patient who responds to this letter by coming to the office is usually amenable to the suggestion that "perhaps you would like to clear up this bill by making payments of \$5 or \$10 per month." In some cases, especially among lower-paid wage-earners, instalments



In FEVERS SUPPLY ALKALIES

•The importance of alkalinization in febrile conditions is receiving increasing recognition. BiSoDol's balanced formula bolsters the depleted alkali reserve and at the same time it provides a palatable, refreshing drink for which the patient is most grateful.



R BiSoDol

THE BiSoDol COMPANY
NEW HAVEN, CONN.

WRITE FOR FREE PROFESSIONAL SAMPLES



NEVER TO BE FORGOTTEN MOMENTS

The thready, weakening pulse, the deepening cyanosis, the infrequent, shallow respiratory movements . . . then suspended minutes following intravenous injection, the reappearance of color, stronger pulse, and regular, full respiration . . . the doctor eases up a bit . . . a sigh of relief. NEVER TO BE FORGOTTEN MOMENTS . . . NEVER TO BE FORGOTTEN DRUG—CORAMINE, "Ciba"—for many such cardiac and respiratory emergencies. CORAMINE* is the diethyl amide of nicotinic acid which Spies and co-workers (J.A.M.A. 111:584, 1938) found effective in treating pellagra.

*Trade Mark Reg. U. S. Pat. Off.
Word "Coramine" identifies the product as the diethyl amide of nicotine sold of Ciba's manufacture.



CIBA PHARMACEUTICAL
PRODUCTS, Inc.
SUMMIT, NEW JERSEY



of even \$1 per week may be solicited. Most of your Class B group would hesitate to offer such small payments, but will readily assent to your offer to square accounts "on time" and maintain friendly relations.

Handy in this connection is a city directory. In it you will find the type of work each patient is engaged in and the number in his family. This information will help you to determine appropriate credit arrangements.

Now suppose the first letter brings no response. What then?

Try again, using a slightly different tack:

Dear Mrs. Bailey:

Can you send us a check in settlement of your July account? Or remit part of it, at least? It would be a great help to us at the present time.

Perhaps you have been waiting until you could come in yourself. In any event, we shall gladly assist you in any way possible to settle your account at an early date.

Yours sincerely,

Few patients will let these two letters pass without notice. But if neither remittance nor response of any kind is received, the following letter may then be dispatched:

Dear Mrs. Bailey:

We are glad to make any accommodation which will help you take care of your account. We have already written you twice to this effect, but have received no reply.

Since satisfactory arrangements can no doubt be made to close the account, we suggest that you come in to talk over a plan we have in mind. Unless we hear from you to the contrary, we'll expect you this week.

Yours truly,

What's the particular power of these letters?

To the slow payer, they are evidence of a friendly interest. Backing up that evidence is the offer to



Painless Injections . . . Rapid Therapeutic Response

- The rational formula of these ampoules—a ferruginous compound containing iron and strychnine cacodylate with glycerophosphates—is designed to exert the specific and systemic influences needed in combating the manifestations of hypochromic (secondary) anemia. It is applicable as well in the management of the frequently encountered states of debilitation characterized by general weakness, listlessness, lethargy, and easy fatigability.

In convalescence following surgery or infectious diseases it aids the patient toward speedier recovery.

Injection, either subcutaneous or intramuscular, is virtually painless. There are no local or systemic reactions. Because administered by the physician, therapy is completely controlled. Because of its efficacy, treatment is comparatively brief, hence truly economical, resulting in rapid rehabilitation.

Physicians are invited to send for literature and clinical test samples.

E. Fougner & Co., Inc.

15 Varick Street

Distributors

New York

assist in arranging payment of the account. Which, in turn, emphasizes that payment is expected. Yet no demanding note has entered the correspondence. Still prevailing is the assumption that the patient is honest and would like to clear his debt.

If, however, no attention is paid to these courteous letters, it is time to change tactics. It is time to state in an unequivocal manner that the account must be settled.

Dear Mrs. Bailey:

We have written you several times in reference to your overdue account, but have not yet received the courtesy of a reply. We wish to be entirely frank with you and to advise you that it is of the utmost importance that you give this matter your immediate attention. We shall expect you either to remit at once or to advise us if there is any reason why you cannot do so.

Yours very truly,

Mary Martin, Secretary

Patients classed in the C group—poor risks—include the irresponsible, careless, and indifferent types. Those who do not pay after being given every opportunity are often not worth keeping.

But as long as there is hope of converting a bad risk into a good one, he should be handled carefully. Your first message to the Class C debtor should be urgent, as distinguished from an outright ultimatum:

Dear Mr. Carter:

The amount of \$25 for professional services has been due for six months. It is unpleasant to ask for money, but you

leave us no alternative. We shall expect to receive either a check in full or a personal call from you by the fifteenth of this month.

Yours truly,

If you receive no response, then send the ultimatum:

Dear Mr. Carter:

The amount of \$25 due on your account has been outstanding for seven months, and we have received no remittance from you.

We cannot wait longer. Unless you remit by return mail or fix a date in the near future by which you will remit, we shall be forced to take extreme measures.

Yours truly,

Mary Martin, Secretary

No further entreaty should be made. It just isn't worthwhile to continue writing. If all your efforts have been ignored, it's time to decide the next step. Such cases usually belong in the hands of an attorney or collector.

Whether you write and sign these letters yourself, or delegate the job to your secretary, supervise the correspondence carefully. Difficult situations may arise. Broken promises must be handled judiciously. Above all, make sure the debtors on your books are re-classified as they either fall from grace or blossom out as regular and willing payers.—RUFUS TURNER

Answers to quiz

on page 41

1E 2C 3C 4F 5B 6D 7B 8E 9E

CALMITOL
LIQUID AND OINTMENT

Prompt and Dependable
Control of Itching

THOS. LEEMING & CO., INC.
101 West 31st Street • NEW YORK

STAMP politics out of medicine!

Hardly a doctor in America is unaware of the dangers of political encroachment upon medicine. But how about the Nation's patients? They are the power who will ultimately decide whether Government in Medicine is to be or not to be... On this page, MEDICAL ECONOMICS presents a simple, quick-acting, and inexpensive medium for reaching those patients, namely:

stamps. Intelligent conceivably stamps have long demonstrated their effectiveness in molding public opinion. The Christmas Seals of the National Tuberculosis Association are but one example of many that might be mentioned. Instead of a long-winded sermon that few people will read, each of the stamps carries a brief message that everyone will read.

Striking black and yellow printing insures maximum eye appeal... These stamps may be affixed to all outgoing mail such as letters and packages. They may also be attached to bill-heads and letterheads. Placed on the backs of envelopes in which bills are mailed each month, they are sure to be seen while in transit by many people besides the recipient... The stamps are easy to use. They

are supplied in perforated sheets. They're acceptable to the post office. And the propriety of using them is, of course, self-evident... To make possible the distribution of the stamps, MEDICAL ECONOMICS has contributed its facilities entirely without profit. The stamps are sold at cost: 20 cents per 100. Use the coupon below when ordering.



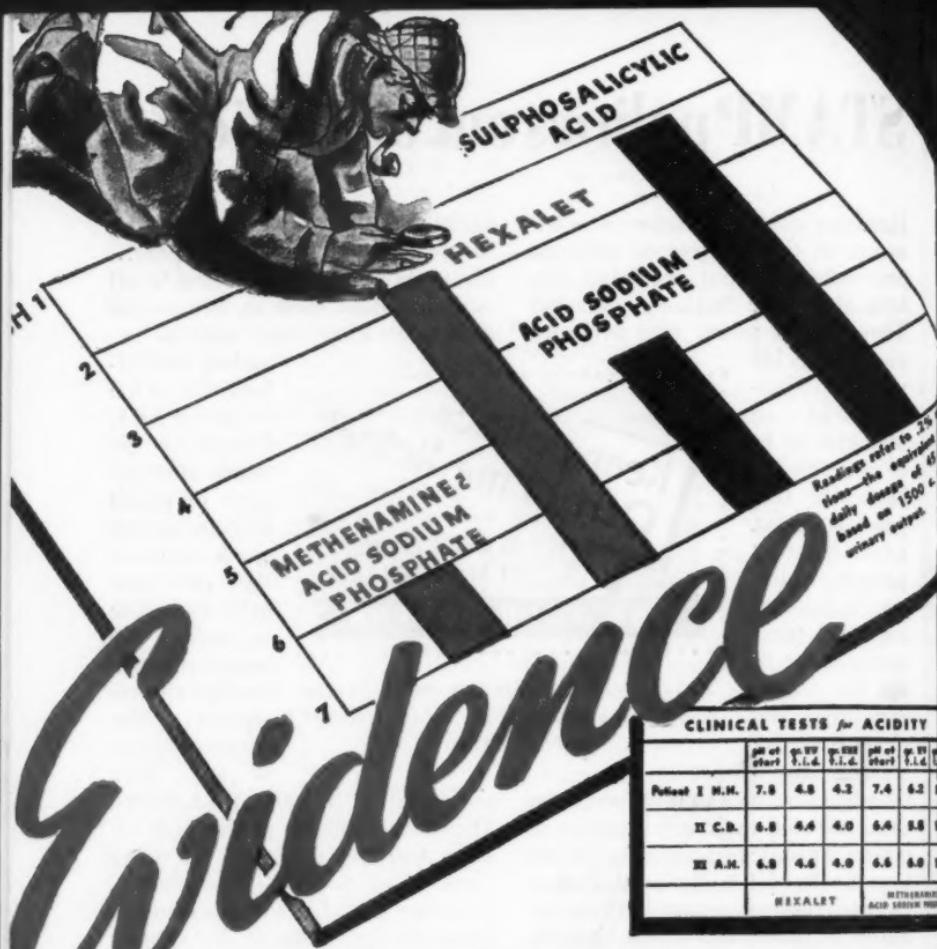
Stamps—An inexpensive and efficient means of warning the public against state medicine.

MEDICAL ECONOMICS, INC., RUTHERFORD, NEW JERSEY

Send me _____ stamps. I enclose _____ (@ 20 cents per 100).

Name _____

Address _____



LABORATORY AND CLINICAL TESTS ESTABLISH

SUPERIOR ACIDIFYING POWERS OF HEXALET "Riedel"

Recent tests afford convincing evidence that sulphosalicylic acid is a more effective urinary acidifier than is acid sodium phosphate—and that HEXALET "Riedel" (a chemical combination of sulphosalicylic acid 60.9% and methenamine 39.1%) will lower the urinary pH more than will acid sodium phosphate with methenamine. The tests were conducted not only *in vitro* (see chart above), but also *in vivo* (see chart at right).

The greater urinary acidity induced by Hexalet has a two-fold action: (1) it insures complete release in the urinary tract of formaldehyde from the methenamine and (2) increase in the antiseptic effect as a direct result of the low pH. Not only is Hexalet more effective, but it is palatable, readily soluble and well borne by stomach and kidneys.

Indications: Pyelitis, pyelonephritis, urethritis, cystitis, prostatitis, urethritis, surgery, instrumentation. *Dosages:* Two tablets, dissolved in water, three to six times daily.

RIEDEL & CO., INC., Brooklyn, N. Y.

| CLINICAL TESTS for ACIDITY | | | | | |
|----------------------------|-------------|-----------|-----------|-------------|--------------------------------------|
| | pH at start | pH 24 hr. | pH 48 hr. | pH at start | pH 24 hr. |
| Patient I N.H. | 7.8 | 4.8 | 4.2 | 7.6 | 6.2 |
| II C.B. | 6.8 | 4.6 | 4.0 | 6.6 | 5.8 |
| III A.M. | 6.8 | 4.6 | 4.0 | 6.6 | 6.0 |
| HEXALET | | | | | METHENAMINE ACID SODIUM PHOSPHATE |

HEXALET "Riedel"

Investors' Clinic

Be wary of war brides

Oil: chemistry's newest handmaiden

High-grade bonds may go lower

What to expect from railroads

The steel weathervane

Shipbuilding turns back the clock

Utilities and rising costs

Good omens for big banks

Postal savings are solid savings

Whether or not the United States actually goes to war, one basic policy should guide the investor in these times of international upheaval. That is:

Confine your investments to the most important American industries. Steel, copper, motor, aviation manufacturing, oil, and the heavier production industries may be cited as examples.

Tempting buys are, of course, being whispered about. But don't let your enthusiasm carry you headlong into the purchase of war brides—the shares that figure to reap big profits from the manufacture of armaments. Some of these companies may make big money. But the Government is opposed to war profiteering, and many speculators who look for World War history to repeat itself are likely to be disappointed.

This attitude of the Government will be particularly important if the United States *does* enter the conflict. Booming industrial profits would probably be curtailed.

More than that, railroad and public utility industries would likely be brought under direct Government control or operation. Hence, they're not the best prospects for long-term investment.

So keep your shirt on your back. Don't risk it in the stock market. Buy securities outright; at the least, keep them well margined.

Feverish markets with dizzy price changes may be the order of the day. But remember: Prices can tailspin just as fast as they zoom upward.



More than 100 basic chemical products, not to mention 1,000 derivatives, are now made from crude oil. Four large companies are leaders in this field. Ahead of them is a transition of the oil industry into a chemical industry. Some engineers, for example, believe developments in chemical research are so promising that oil will soon become too valuable to burn!

Strangely, the petroleum industry has made its greatest progress through exploiting by-products which formerly were thrown away. Prime example is gasoline. At one time, gasoline appeared as a by-product in the manufacture of petroleum; it was considered a valueless and dangerous nuisance—something to be thrown away. Today, it is the backbone of the petroleum industry. [Turn the page]

More recently, petroleum has moved on to the other important uses—oils for heating, insecticides, even gases for anesthetics and chemicals for such varied products as chewing gum, wax-coated paper, and commercial alcohol.

But stick to the shares of the four largest oil companies. The industry is still highly speculative, except where competent management has built up large marketing organizations, has abundant supplies of oil reserves, and maintains adequate refining properties.



High-grade bonds will probably go lower. There are two reasons:

First, foreign nations are substantial owners of gilt-edged holdings. If the war settles down for a long ordeal these countries will gradually sell their bonds to raise cash for the purchase of supplies.

Second, banks will become sellers, too. They'll need cash to finance America's expanding foreign trade with South America and other continents which have been heavy customers of Germany.

Therefore, so long as the possibility of war selling beclouds the high-grade bond market, better refrain from purchasing additional

shares therein. If you own U.S. Government bonds, however, I do not suggest that you sell them; they're always good for 100 cents on the dollar, regardless of how the bond market acts.



Despite this outlook for *highest-grade* bond prices, one group of *second-grade* bonds is worth considering. I refer to the bonds of strong railroad companies which are benefiting from the heavy traffic of coal, coke, ore, steel, and other commodities. Currently, a number of them are selling at 60 cents on the dollar. Thanks to the recent upturn in freight carloadings, at least a dozen may be expected to close the year with their interest charges earned in full. Indirectly, they've been helped by war business.

These bonds are not for long-term investment. Hanging over them, with the possibility that the United States will enter the war, is the threat of Government operation of the carriers. So in making any such purchases be careful to have your banker or broker check the list. Some of these bonds may quite possibly have advanced sharply before this article reaches you. If

GLYKERON . . . a double-action antitussive



MARTIN H. SMITH COMPANY, 150 LAFAYETTE STREET, NEW YORK, N. Y.

• It aids in breaking the vicious circle of coughs that are uselessly irritating or unproductive.

Dosage. For adults 1-2 teaspoonsfuls every 2-3 hours or longer; children in proportion.

Supplied: In 4 oz., 16 oz. and half-gallon bottles.

May we send you valuable brochure?

PROLARMON

In the Treatment of
Infected and Non-Infected
Slow-Healing Wounds



Chronic metastatic osteomyelitis of right tibia.

Extensive ulcer of leg from third degree burn.



Polarmon Liquid

Polarmon Liquid is a sterile, aqueous solution containing the water-soluble and filtrable substances of comminuted blowfly maggots (*Lucilia sericata*), 5%; boric acid, 4%; sodium chloride, 0.75%; chlorbutanol, 0.5%; calcium gluconate, 0.5%; oxyquinoline sulfate, 0.4%.

Polarmon Liquid is available in 4 oz. and 8 oz. bottles; also in hospital sizes, $\frac{1}{2}$ gal. and 1 gal. Polarmon Jell may be had in 1 oz. tubes, and in 4 oz. and 8 oz. jars; it is also available in hospital sizes, $4\frac{1}{4}$ lb. and $8\frac{1}{2}$ lb. jars.

Physicians are invited to send for clinical test samples, literature, and bibliography of published reports.

Polarmon Jell

Polarmon Jell, a greaseless, sterile preparation, provides the active ingredients of Polarmon Liquid, incorporated in an aqueous jell base composed of vegetable gums, cornstarch, glycerin, sodium chloride, potassium cetyl palmitate, citric acid, and water.

MAGGOT PRODUCTS COMPANY

222 NORTH BANK DRIVE • CHICAGO, ILLINOIS

they have not, their attractiveness as low-price-plus-liberal-income-return shares remains undimmed.



The best business pulse to read right now is the operating rate of the steel industry. This figure is published weekly. Recently, it has advanced to more than 70 per cent of the industry's capacity and seems headed even higher. Whenever the rate gets above 70 per cent, the leading steel companies make good money, and better times are forecast for other industries. Thus, its fluctuations should be watched with one eye whenever the other is looking toward new investments.



Every now and then the Federal Government drops an indirect tip which investors may follow with profit. Currently, we find such a signal pointing to the shipbuilding industry. The Government is selecting hundreds of men, via civil service exams, to work on new Navy ships. In addition, thousands more are being put to work in yards building ships for the U.S. Merchant Marine.

That naturally implies better profits ahead for this important,

though long stagnant industry. In selecting shares, have your banker or broker check on two or three of the companies most likely to benefit.



If you own gas, electric, or traction company shares, keep posted on the trend of material prices—coal prices, for example. If they start soaring, the profits of these utilities will be lessened. Being subject to Government regulation, they cannot hope to boost their prices as rapidly as their operating costs mount.

Of course, it is not likely that material prices will swing up overnight. Such companies will probably enjoy several months of good earnings before swiftly-rising costs—supposing they are due—diminish their profits. But be alert to sell if you see the trend turning sharply higher for coal, coke, wages, etc.



After their long famine, the six largest New York banks, which do business in all parts of the world, are probably going to have a feast. Consider these facts:

Over a thirty year period, the United States sold twenty-four billion dollars more in goods and ser-



GOAT MILK INDICATED?

Prescribe Meyenberg! Preferred to Raw Goat Milk by Leading Doctors. Because it is UNIFORM • STERILE • PALATABLE • AVAILABLE

Meyenberg Evaporated Goat Milk is produced from selected herds of thoroughbred T.B. Tested stock, scientifically fed and sanitarily housed. Processed with stainless steel equipment, and packed in hermetically sealed new-type sanitary tin containers for added protection. RESULTS have proven it valuable in INFANTILE ECZEMA, ASTHMA and other manifestations of allergy to cows' milk. Available in 14 oz. cans (liquid) through druggists.

For clinical samples and name of nearest dealer, write to
GOAT MILK PRODUCTS CO.
(Division) Special Milk Products, Inc.

1039 So. Olive St.

Los Angeles, Calif.



...suitable for feeding
during the early months



Libby's
Homogenized*
Baby Foods

Extra smooth . . . extra fine in texture
...extra easy to digest—because
they're specially homogenized



FIRST, Libby selects vegetables, fruits, cereals with the greatest care . . . cooks and prepares them under conditions designed to retain minerals and vitamins to a high degree.

THEN, Libby's are carefully strained. These nutritious foods are next strained through fine-meshed sieves to break them into small particles. (See photomicrograph.)

FINALLY, Libby's are specially homogenized to break foods into finer, smoother particles. Nutriment enclosed in food cells is released. (See photomicrograph.)

9

Different
Kinds

- 3 Single Vegetables
- 3 Vegetable Combinations
- A Cereal Combination
- A Fruit Combination
- A Nutritious Soup

* Special homogenization is an exclusive Libby process which completely breaks up cells, fibers and starch particles, and releases nutriment for easier digestion. U.S. Pat. No. 2,087,629.

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NOTE: For summary of clinical and laboratory research on Libby's specially homogenized Baby Foods, write Research Laboratories, Libby, McNeill & Libby, Dept. M., Chicago.

vices to foreign nations than it bought from them. In other words, that twenty-four billions represented our favorable trade balance, or profit. Nearly all of that business was financed by short-term banking credits; a very large share of it by the six largest New York banks. It was profitable bank business.

Currently, these banks are again being asked to finance an increasing flow of foreign commerce, much of it to neutral countries which can no longer draw certain essential commodities (e.g., coal, wheat, and dairy products) from the nations engaged in war. As a result, idle bank funds aggregating many millions of dollars are being put to work—a process that will increase profits of the leading international banks.

Meanwhile, shares of these banks have until very recently, been selling near their 1933 lows, despite the fact that most dividend payments were earned in full. Logically then, they may be expected to advance in view of the prospect for both better earnings and possibly higher dividends.

Another factor: The largest banks have "taken their licking."

The Government saw to it that

stale loans were long ago closed out, and that speculative practices were stopped. Consequently, they are in an excellent position today to benefit from any upturn in business. They've trimmed expenses to the bone and can handle considerably more business without having to boost their operating costs proportionately. Their shares now offer interesting possibilities.



Ever think of a U.S. Postal Savings account as an investment? Pays 3 per cent annually, interest compounded semi-annually. This is a good return under present conditions; for many commercial banks now pay only 1 per cent a year on savings.

As a clinching argument, remember this: The only banks which paid money to depositors on demand during the 1933 national banking holiday were the U.S. Postal Savings institutions.

Not a bad idea to place a few hundred dollars in such an account. Particularly in these times.

—F. H. McCONNELL

At a recent scientific meeting of the Allegheny County Medical Society, all the speakers were women.

CYSTOGEN

METHENAMINE
IN ITS
PURE FORM

• THE DEPENDABLE URINARY ANTISEPTIC

Cystogen has been found an ideal urinary antiseptic by many physicians because of these therapeutic manifestations: Cystogen eases renal and vesical pain; flushes the genito-urinary canal from the kidney to meatus and makes fetid urine non-odorous and non-irritating. Cystogen is well tolerated, as added reason why this effective urinary agent is regularly prescribed in cystitis, pyelitis, prostatitis, urethritis and other G-U infections. In 3 forms: Cystogen Tablets, Cystogen Lithia, Cystogen Aperient. Free samples on request.

CYSTOGEN CHEMICAL COMPANY, 190 BALDWIN AVENUE, JERSEY CITY, N. J.



NICELY BALANCED detail and speed is the outstanding advantage of the Patterson Par-Speed Intensifying Screen. It might be rightly called the "fast-detail" screen.

For the roentgenologist with equipment of sufficient capacity—about 100 ma.—the Patterson Par-Speed provides an all-around screen especially suitable for general routine service, where detail and speed are equally important. Its advantages, when used with such equipment, include:

DETAIL: Fine definition, meeting practically all requirements within range of the apparatus.

SPEED: Sufficient for all needs, excepting those of maximum-speed technique.

CONTRAST: Excellent.

Consult your dealer regarding the type of screen best suited to your requirements.

THE PATTERSON SCREEN CO., TOWANDA, PA., U.S.A.



Patterson

X-RAY
Screens

1914 1939
25TH ANNIVERSARY

25 YEARS OF CONCENTRATION ON ONE TASK—THE DEVELOPMENT OF BETTER X-RAY SCREENS

For Obstinate Cases of

ECZEMA

SUPERTAH Instead of Black Coal Tar

**There are two ways of treating
Eczema with coal tar ointments:**

The OLD WAY

**Black Tar Ointment—
Burns, Stains, Pustulates.**

The NEW WAY

**SUPERTAH Ointment—
White—No Stains, No Burns,
No Pustulations, Effective.***

Treat Eczema the Improved NEW Way—Prescribe

SUPERTAH OINTMENT

(Nason's)

**Original 2 oz. Jar Either 10% or 5% Strength
Samples on Request**

*Swartz and Reilly "Diagnosis and Treatment of Skin Diseases" pp. 66-7.

TAILBY-NASON CO. Kendall Sq. Station, Boston, Mass.

'Must I answer that subpoena?'

*Not if one of these four legal loopholes
is left open to you*

"You are hereby commanded to lay aside all and singular business and be and appear in your proper person before our court of . . ."

You know the rest. (Unless you've never been subpoenaed.) For these words preface the summons that yanks you out of a crowded office at your busiest moment, plunks you into a stuffy courtroom, and detains you there for hours while witnesses drone and attorneys wrangle.

If your testimony will help lubricate the wheels of justice, you won't of course want to dodge a summons. But what if your testimony is to be a futile formality of help to no one and a serious interruption of your day's work? Can you then escape the imperative-sounding call of the subpoena?

Sometimes, yes. And quite within the bounds of legal procedure. Here's the point:

A summons, to be valid, must have been served correctly. If it was not—which often happens—you need not answer it.

When the subpoena comes, accept it willingly; say nothing. Then, after the process-server has vanished, compare the manner in which it was served with these four legal requirements:

First, the original of the subpoena must be shown to you. Not a carbon copy or a rubber-stamped,

signed facsimile; but the original. The process-server won't leave this original with you. He will leave only a copy. But he must exhibit the original in order to satisfy the law.

Second, a subpoena fee must be offered you. This, in most States, amounts to 50 cents. If it is tendered, it is considered properly offered, even though you refuse it. But if it was never tendered, service is invalid.

Third, mileage compensation must usually be offered. In some States, the law provides that an additional fee (usually from 5 to 10 cents a mile) shall be paid you for the distance between your residence and the court house. In others, a fixed rate is set for court appearance outside the witness' home community. If your office is not in the county seat, ask a lawyer friend what the mileage rule is in your State. If appropriate mileage is required and not tendered, you may consider the subpoena improperly served.

Fourth, the process-server must usually deliver the subpoena directly to you. If he does not, check with your attorney on the rule in your State. Sometimes it is considered properly served when delivered to a member of the household over fourteen years of age. If your secretary received the sum-

mons, is she a "member of the household"? Your lawyer knows the answer.

If the process-server has failed to meet any of these requirements (which hold in all States), the subpoena may be ignored. If not, you'd better respond. Or else what? Or else you may be fined for contempt of court and—believe it or not—sued for damages "equivalent to the loss sustained by the litigant for want of testimony."

Once in court, limit your testimony to *facts*. Though the attorney requests them, you need not express *opinions*. Opinions are property for which you are legally entitled to payment.

Did you see this patient? On what days? What were your findings? Questions like these call for factual answers. You *must* answer them.

But if you're asked whether an accident could have caused the patient's condition, that's a matter of opinion. And as a subpoenaed witness you need not answer. The extent of the disability is also a matter of opinion.

Best to reply to such questions by stating: "That's a matter for expert opinion." You may be an expert, it's true. But you've been

summoned as an ordinary lay witness. And you have a right to answer as one.—GORDON DAVIDSON, LL.B.

Letters to a secretary

[Continued from page 32]

may be used if the transmitter is placed with the lips just clearing the mouthpiece. Speaking in a quiet, normal and unhurried manner directly into the transmitter will cause the voice to carry distinctly over the line."

There are certain arbitrary rules for pronouncing numbers, carefully worked out by the telephone company, which every secretary ought to know. They are not exactly in accordance with Webster, but they aid you in being clearly understood and are therefore good telephone technique. Memorize these by all means:

One—pronounced *wun*, with a strong N.

Two—pronounced *too*, with a strong T and prolonged OO sound.

Three—*th-ree*, with a slightly rolling R.

Four—*fo-wer*; two syllables with a long O.

Five—*fi-iv*, with a long I and strong V. [Turn the page]

THUM Checks NAIL BITING AND THUMB SUCKING

Thumb sucking may cause crooked teeth, high vault and deviated nasal septum which results in inflammation of the nose, throat, middle ear and often partial deafness.

THUM contains pure capsicum with citric acid in a nail-lacquer base. Applied like nail polish. 50c and \$1 per bottle at your surgical supply house or druggist.

NUM SPECIALTY CO., 4614 Fifth Avenue, Pittsburgh, Pa.

ME 11-39





Intestinal DROUGHT in the Obstinate Case

WATER DEFICIENCY in the stool—a common characteristic of constipation—is accentuated in the obstinate case.

In addition to the softening and lubrication of the dehydrated mass which occurs because of the water-holding and water-controlling properties of Mucilose, a gentle initial laxation is sometimes required in stubborn cases. These important regulative factors are combined in the most recent development

MUCILOSE GRANULES WITH KASAGRA

FREDERICK STEARNS & COMPANY

DETROIT, MICHIGAN

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SAN FRANCISCO

WINDSOR, ONTARIO

SYDNEY, AUSTRALIA



FREDERICK STEARNS & COMPANY

Detroit, Michigan

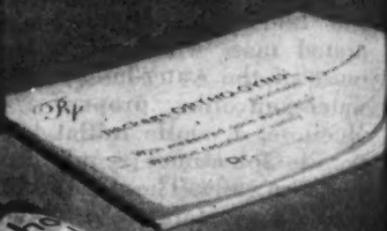
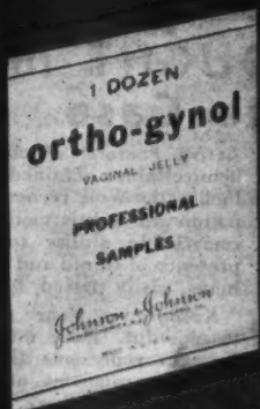
Please send me a supply of Mucilose Granules with Kasagra for clinical test.

Name..... M.D.

Address.....

City..... State.....

New.



Here's the new Professional Sample package of Ortho-Gynol. One dozen 1-oz. tubes, given you free for use in your practice. Excellent for demonstrating the technique you prescribe for the patient.

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XUM

Professional Samples

FOR YOUR PATIENTS

If you fit a diaphragm, or wish to demonstrate a method, it's convenient to have a supply of these sample tubes of Ortho-Gynol. Also, after consultation, a tube may be given to the patient. If you would like a box of 12 sample tubes, write us on your professional stationery or use the handy coupon below.

* * *

Ortho-Gynol is a product of the Johnson & Johnson Laboratories. It is non-staining, esthetically pleasing, and well tolerated in continued use. Ortho-Gynol spreads readily, forming a clinging film. It has rapid spermicidal action (within twenty seconds—in S/5 dilution test). Ortho-Gynol is water-soluble (dispersible), stable, and uniform.



Johnson & Johnson, Ortho-Gynol Division
New Brunswick, N. J.

ME-1139

Send me a dozen of the new Professional Samples of Ortho-Gynol for use in my practice.

Dr.

Street.....

City..... State.....

(No requests honored except from recognized members of the medical profession.)

STABILITY



Another reason why physicians prefer the cardiotonic *Urginin*

(standardized glucosides of *Urginea maritima*)

Continued tests over several years have indicated the stability of Urginin.

The relatively uniform composition of Urginin enables the physician to treat cardiovascular-renal disorders with an assurance that the patient is receiving therapeutically active principles of known potency. The chemical and biological standardization of Urginin makes for consistency in results.

Send for complete literature and complimentary package of Urginin.



Accepted

Pharmaceutical Division
The CALCO CHEMICAL COMPANY, Inc.

Bound Brook  New Jersey
Reg. U. S. Pat. Off.

A Division of American Cyanamid Co.

Six—*siks*, with a strong KS sound.

Seven—*sev-ven*, with two syllables.

Eight—*ate*; one syllable, with a long A and a strong T.

Nine—*ni-yen*, with a strong N at the end.

O—*oh*, with a round and prolonged O sound.

Whenever you need to spell something over the phone or whenever patients on the phone try to spell out their names, you can again fall back on the telephone company. To avoid mistakes, the latter has developed the following list which I advise you to keep in the top drawer of your desk:

A as in Alice, B as in Bertha, and so on through Charles, David, Edward, Frank, George, Harry, Ida, James, Kate, Louis, Mary, Nellie, Oliver, Peter, Quaker, Robert, Samuel, Thomas, Utah, Victor, William, X-ray, Young, and Zebra.

Now let's get back to the actual conversation:

If your tone as you say "Dr. Barry's office," is sufficiently gracious and questioning, the person calling will frequently tell you at once what he wants. But more often he will say:

"Is Dr. Barry in?"

Then what?

This should be your invariable answer:

"Yes, he is." (Or, "No, he isn't.")
"Who is calling, please?"

Practice this sentence aloud until you have just the right inflection of interest, courtesy, and—authority. The right tone of voice is all that is necessary and will never give offense.

If the person calling is an old patient who wishes to discuss his

YOUR REASONS ARE GOOD, DOCTOR

Why should you use Agarol when the measure you now use seems satisfactory?

... Archimathaeus was satisfied with euphorbia and barley boiled in water for the treatment of constipation. Magister Ferrarius found mirobolanum good.

But times have changed. Experience has wrought the change. And the change came from dissatisfaction, ever in search for the better, the more effective, the more satisfying.

Many physicians have found the answer to their quest in Agarol. This good mineral oil and agar emulsion with phenolphthalein softens the intestinal contents, lubricates the channel of their passage and gently stimulates peristaltic activity. It combines effectiveness with exceptional palatability.

Why should you try Agarol? Because it satisfies the demands of modern medicine for a bowel evacuant and a therapeutic measure for the treatment of habitual constipation. Send for a trial supply. See how Agarol compares.

WILLIAM R. WARNER & COMPANY, INC.
113 West 18th Street • New York City



AGAROL

Agarol is supplied in bottles of 6, 10 and 16 ounces.
Adult dose, 1 tablespoonful. Children, 2 teaspoonfuls.

condition, it is well to get out his chart quickly and lay it before Dr. Barry before you connect him. Always ask the patient politely to "Hold the wire for a moment, the doctor will answer as soon as possible."

If the caller is another doctor, connect him at once without question or comment except to say pleasantly, "Yes, Doctor, I'll call him."

If the person is a stranger, say something like this:

"Dr. Barry is in the examining room and cannot answer the telephone for a few minutes. May I help you? Are you calling for an appointment?"

The last question usually causes them to explain, "No, I don't want an appointment, I want..."

Again, all depends on the tone

of your voice. If it's the least bit snippy or officious, the caller will refuse to answer. If it's kind and interested, he'll probably tell all.

There are many calls you can handle yourself, thus saving the doctor much time and annoyance. These include calls about collections and accounts, promise to pay, appointments, solicitations for charities, and many others. By all means settle everything you can yourself; but never encroach upon the doctor's territory.

Keep a pad and pencil on your desk and at every extension. Jot down all non-urgent calls which you are unable to handle and which come in when the doctor is busy with a patient. (Nothing is more annoying to a patient consulting the doctor than to have him constantly interrupted by telephone

Tongaline

TRADE MARK

A Logical
FORMULA

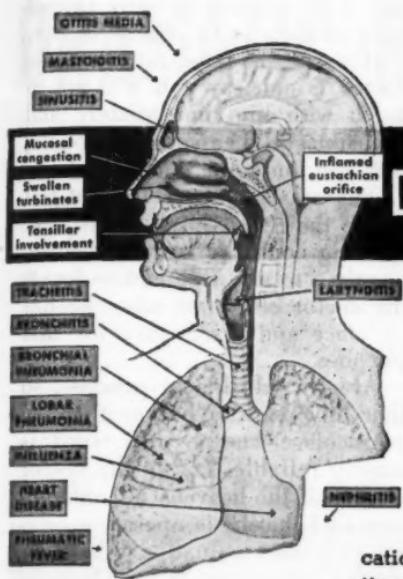
Systemically it permits free elimination of possible harmful or toxic substances.

Whenever there is localized joint discomfort or swelling as in acute rheumatic fever, rheumatoid arthritis, traumatic arthritis, muscular rheumatism, sciatica, lumbago or bursitis, TONGALINE will be found of value to help provide relief and to encourage the return of normal joint function.

TONGALINE, an established prescription in the treatment of the rheumatic syndrome, contains: Sodium Salicylate, Pilocarpine, Colchicum, Cimicifuga and Tonga, IDEAL FOR EFFECTIVE THERAPY.

Write for literature and free samples

MELLIER DRUG CO., 2112 Locust St., ST. LOUIS, MO.



INDICATIONS

Coryza, all manifestations of rhinitis, laryngitis, grippe, influenza, rose colds, hay fever, summercatarrh, ozena.

FORMULA

"Pineoleum" incorporates camphor (.50%), menthol (.50%), eucalyptus (.56%), pine needle oil (1.00%), and oil of cassia (.07%) in a base of doubly refined liquid petrolatum—plain or with ephedrine (.50%).

SUPPLIED

"Pineoleum" Plain, in specially constructed Nebulizer Outfit; in 30 cc. dropper bottles; 100 cc. and 1 pt. bottles. "Pineoleum" with Ephedrine, in 30 cc. dropper bottles, and 1 pt. bottles. And "Pineoleum" Ephedrine Jelly in nasal applicator tubes.

*Kneeland, Y., Jr.: Jnl.
Lancet 56:532, 1936.

"Complications [of the common head cold] exist with tremendous frequency . . . Viewed in this light, colds do indeed take on a role of the first magnitude. ,,*

DANGEROUS COLDS

*require alleviation
and control!*

THE impairment of the vital functions of the nasal mucoperiosteum in acute coryza inevitably exposes the respiratory tract and associated structures to serious bacterial invasion. If for no other reason than to forestall complications, a regime of rest, systemic alkalization and local therapy should be promptly instituted.

For effective nasal medication, "Pineoleum" affords a classic formula, whose ingredients help to evoke significant functional improvement. Astringency opens the nasal passages . . . loosening of dry encrustations facilitates ciliary activity . . . local sedation relieves fullness of the head . . . and stimulation and mild antisepsis reinforce the defense mechanism.

This assistance to the recuperative process may help materially to abort the development of complications. It also lessens the danger of contagion, and provides grateful subjective relief.

Send for trial supply

THE PINEOLEUM CO., 6 BRIDGE ST., NEW YORK, N. Y.

PINEOLEUM
REG. U. S. PAT. OFF.
PLAIN OR WITH EPHEDRINE

ADVERTISED ONLY TO THE MEDICAL
AND ASSOCIATED PROFESSIONS



Campho-Phenique Liquid is excellent for emergency dressings and for active routine treatment of minor burns, skin infections, cuts, lacerations and scratches. Applied early and frequently it helps ease the pain and tends to hasten healing and to decrease the incidence of complications.

The Campho-Phenique Liquid moist dressing is a simple and judicious local therapy to promote comfort, and to soothe and help heal accidental wounds.

ANALGESIC • ANTISEPTIC • AID TO HEALING
For emergency dressings keep on hand a bottle of Campho-Phenique Liquid.

SEND FOR FREE SAMPLE

CAMPHO-PHENIQUE CO. RE-12
500 N. Second St., St. Louis, Mo.
Gentlemen: Please send me samples of
Campho-Phenique Liquid, Ointment and
Powder.

Dr. _____

Address _____

City & State _____

calls.) Keep your promise to call back as soon as Dr. Barry is free.

If a call is important and the doctor is out, say you will get in touch with him immediately and have him call. (I assume, of course, that you know the doctor's whereabouts at all hours.) Do not tell where the doctor may be located. Nothing could be more discourteous than to ask a patient to locate the doctor elsewhere when he has an office and a secretary for that purpose.

Always fulfill your promise, so that anyone who has ever called your office knows your word is utterly reliable. Locate the doctor at once if the heavens fall. Should you find that he is operating or is in any other situation where he cannot call, estimate how long he will be tied up, then call back at once and explain.

I'm sure you see how basic this is to the good reputation of your office and yourself. Far too many patients have been lost by secretaries who disregard this rule.

Now suppose some one calls up and says, "Does Dr. Barry treat backache?" (Or rheumatism, or diabetes, or any one of the other things he does not treat). If you tell them he does nothing but surgery you are making a thoughtless mistake. Nor is it much better if you suggest a doctor who *does* treat the ailment mentioned. For how can you tell by phone that the patient's diagnosis is correct?

The proper reply is something like this:

"A backache can be caused by so many things. Why don't you come in and talk with Dr. Barry? Tell him about your symptoms. Then, if it isn't in his line, he'll

DRAMATIC RESULTS

*in the Treatment of
Secondary Anemia*

• Summary of case history of Mrs. O.S., age 25, Para 1:

The first prenatal visit, the physical examination was negative, the patient apparently in good health, but not very robust.

The prenatal course was normal. First stage of labor was prolonged, followed by mid-forceps delivery, and a quite severe post-partum hemorrhage. The convalescence was very slow, and on leaving the hospital the patient was very pale, breathless on exertion, dizzy. June 13th, Blood examination showed 47% hemoglobin (Sahli) 3,810,000. She was given capsules Frosst Ferro-Catalytic t.i.d. and made steady progress.

August 14th, Blood count hemoglobin 80% (Sahli), red cells 4,900,000. She was entirely symptom free at this time.

Mrs. C. M.
Age 58,
Secondary Anemia
Sept. 26th

R.B.C. 4,330,000
W.B.C. 3,700
Hemoglobin 45%

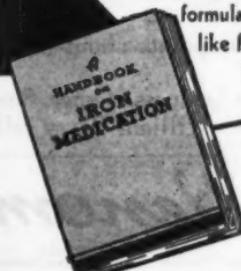
Sept. 26th, Ferro-Catalytic
one capsule t.i.d. started
November 30th, Hemo-
globin 85%.

YOUR PATIENTS WILL RESPOND EQUIVALLY EFFECTIVELY TO

Frosst
FERRO-CATALYTIC

The original **COPPER** preparation

SEND
THE COUPON
or a postcard for
your copy of this 16-
page booklet, then
request sample of the
formula you would
like for Clinical
Trial.



Experience has demonstrated that the addition of minute amounts of copper significantly influence the assimilation of iron for hemoglobin synthesis. It appears to be a true catalyst in this respect, since copper constitutes no part of the hemoglobin molecule. By analogy copper would appear to have the same relationship to iron metabolism as Vitamin D has to calcium and phosphorus metabolism.

Charles E. Frosst & Co. (U.S.A.) Inc.
RICHMOND, VA.

Print Name.....

Address.....

City..... State.....

N-38

be very happy to refer you to a doctor from whom you can get the proper care. If he does nothing but refer you, there'll be no charge for the consultation."

Almost invariably, the person

Bills sent to business address get results

Before turning accounts over to a collection agency, I send a statement to the debtor's business address. The wording is polite. If a fortnight passes without a reply, a stronger note is dispatched to the same address. Usually, these letters are timed to arrive on pay day. Few people care to let their employers know they have not paid their physicians. They are especially embarrassed if a second request is handed them through business channels. As a result, the returns have been excellent.—M.D., Maine.

will make an appointment. Occasionally it turns out to be something very much in Dr. Barry's line. If it isn't, he has the opportunity of referring the patient to one of his colleagues.

Remember that referring patients to other doctors is the only way Dr. Barry can repay them for the many patients they refer to him. So he tries to do this on every possible occasion. A patient referred

directly from your office, with Dr. Barry's card, is not apt to go astray, and good will has been created all around.

To add to your effectiveness over the telephone, it's a good idea to compose and practice aloud the best answers possible to the questions you are most often asked. For example: "Where is the office located?" "How do I get there?" "Does the doctor specialize?" "What does the doctor charge?" (A diplomatic reply to this one is especially necessary; consult Dr. Barry for his favorite formula.)

Be careful to eliminate all "er-er's" and "um-um's" from your answers; for they give your hearer the impression that you are ineffectual and indecisive . . . And have you ever been at the receiving end when some one coughed into the phone? Enough said.

Always be calm and authoritative. Bear in mind that illness makes children of adults. They need patience, gentleness, and firmness. If your own voice rings with health and self-reliance, they will do and believe what you tell them. In this connection, just two warnings: Fit your approach to the individual. And—especially in the case of the more intelligent patient—don't, for Heaven's sake, assume a patronizing air!

Now a few points about outgoing calls:

State your business at once. Simply say, "Dr. William Barry call-



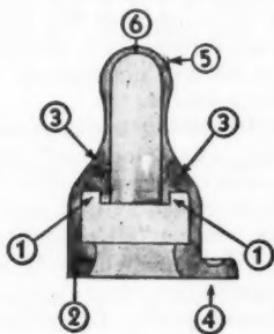
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Standardized under United
States Department of Pub-
lic Health Licenses.

Bee-Venom

Indicated for Acute and Chronic Arthritis, Neuralgias, Muscular Rheumatism, etc. Painless, efficacious and well-tolerated. Ven-Apis is biologically prepared and standardized venom of the honey-bee. Being used by leading clinics and institutions. Write for Booklet No. 3. R. J. Strasenburgh Co., Rochester, N. Y.

Doctor, may we call your attention
to two *important* contributions?

A . . . Our "Anti-Colic" brand
"Sani-Tab" nipple, featuring:



- 1.** Special Davel Flange, insuring air-tight connection with neck of bottle.
 - 2.** 3/16-inch wall at base, forming a sturdy rubber ring which holds the nipple firmly on the bottle.
 - 3.** Firm, reinforced shoulders, simulating the firm areola of the breast.
 - 4.** Pull-tab; hygienic, eliminates the need of handling the sterilized nipple; convenient in attaching nipple to bottle.
 - 5.** Short tip; more naturally adapted to the size and shape of the infant mouth than long, large tips.
 - 6.** 3-hole feature; minimizes the chances of collapse and obstruction, thus permitting a steady flow of food.

B Our illustrated treatise
on breast feeding —



"Illustrating the Breast Before, During and After Lactation." Contains 18 medical and anatomical drawings, many in full color, by M. McLatchie and H. F. Aitkin.

DAVOL

DAVOL RUBBER COMPANY

Dept. ME-II, Providence, Rhode Island

Gentlemen: Kindly send me complimentary copies of "Illustrating the Breast, Before, During and After Lactation".

NAME _____

ADDRESS

CITY...... **STATE.**.....

In COLDS and Sore Throats

The alkaline action of GLYO-THYMOLINE gently relieves congestion and inflammation of the mucous membranes and helps to restore normal tone.

• We will gladly send samples of Glyco-Thymoline, free of all cost.



KRESS & OWEN COMPANY
361-363 Pearl St., New York, N. Y.

ing Dr. Ashley." Or, "Dr. Barry would like to speak to Mrs. Jones."

Never place a call unless you know Dr. Barry can take it immediately. The caller should be on the line when the one called answers.

Learn by heart all the telephone numbers Dr. Barry uses frequently (about twenty-five in all) so that you can call them the moment he asks for them. About fifty more, used occasionally, may be kept in an indexed notebook in your uniform pocket.

In closing any conversation, always say "Good-by." Every telephone conversation should properly be closed by that word, and not by a vague "all right."

Of course you will always be careful to replace the receiver gently and quietly. I wouldn't mention this but for the fact that I know at least four girls in very good doctors' offices who slam down the receiver without any thought of the crash in the ear at the other end.

One more point:

Many a secretary lets the fact that the doctor's telephone is more personal than business-like, color her own use of it. And because she is frequently in the office alone, the doctor has no way of knowing how much she and her friends use it—except that he is often annoyed by being unable to get anything but a busy signal when he calls his office.

Ask your friends not to call you at the office unless it is absolutely imperative. If they do so anyway, discourage them by such replies as, "I'm sorry, but I'm taking dictation now. May I call you back tonight?"

Everything I've said in this let-

OINTMENT QUINOLOR COMPOUND



"By far the most important remedy that has been added to our therapeutic armamentarium for sycosis in years"¹

The above statement, made by Whitehead,¹ refers to the use of Quinolor Ointment in the treatment of sycosis vulgaris. The author further states: "It is possible, in the absence of all other treatment, to cure some cases of sycosis and keep them that way by persistently using this ointment." Peck² and Percival³ have also reported successful results.

Ointment Quinolor* Compound may be used especially for the treatment of sycosis vulgaris or sycosis barbae, and of tinea sycosis. Applied to superficial wounds and abrasions it acts as a protective antiseptic dressing and may be used under circumstances in which liquid antiseptic dressings cannot be repeated at short intervals. Its antiseptic action continues over a considerable period of time.

Ointment Quinolor Compound contains 10 per cent benzoyl peroxide and 0.5 per cent Quinolor (com-

pound chlor Hydroxy Quinolin) in a base consisting of equal parts of white petrolatum and deodorized, anhydrous lanolin. Benzoyl peroxide was chosen as an ingredient because comparative tests at the University of California⁴ indicated that it possesses tissue-repair-promoting qualities.

Send for Trial Sample

Ointment Quinolor Compound is supplied in 1-ounce tubes and in 50-gram and 1-lb. jars. We shall be pleased to send you a generous trial tube and literature without cost. Use the coupon below.

* Quinolor is a trade-mark of E. R. Squibb & Sons.

¹ Whitehead, Wm. D.: *Penn. M. J.* 42: 1193 (July), 1939.

² Peck, Samuel M.: *Arch. Dermatol. & Syph.* 29:456-57, 1934.

³ Percival, G. H.: *Practitioner* 142:55, 1939.

⁴ Lyon, R. A. and Reynolds, T. E.: *Proc. Soc. Exper. Biol. & Med.* 27:122, 1929.

E·R·SQUIBB & SONS

MANUFACTURING CHEMISTS TO THE
MEDICAL PROFESSION SINCE 1858

NEW YORK

E. R. SQUIBB & SONS, ME 11
Professional Service Department,
745 Fifth Avenue, New York, N. Y.

Attached hereto is my professional card or letterhead. Please send me, without obligation, literature and sample of Ointment Quinolor Compound.

Name

Street

City State

Physicians recommend

"Horlick's"

rather than
"malted milk"
because . . .

HORLICK'S, the Original Malted Milk, provides nutriment extracted from wheat and malted barley, enzyme hydrolyzed and then combined with full-cream milk from tuberculin tested herds.

Horlick's is a good source of vitamin A, B and G.

Horlick's offers the advantages of soft, low tension curds, and easily assimilated carbohydrates.

Horlick's Malted Milk has held leadership with the medical profession for more than fifty years. For a free trial supply, write on your professional letterhead to Dept. ME 11, Horlick's, Racine, Wisconsin.

HORLICK'S
the Original Malted Milk
Now at New Low Prices

ter, as in my others, stems from the twin roots of medical practice: economics and ethics. By the proper use of the telephone you can both build the doctor's practice and extend his sphere of usefulness. Isn't it worth it?

As ever,
Myrna Chase

War

[Continued from page 26]

ingly less to lose, of course, than the man who has spent years of effort building up a profitable practice. The younger the man, the fewer his financial responsibilities (e.g., family, life insurance, real estate). Consequently, the less he's apt to worry about things at home while he's away.

The younger men in the World War tended to be placed on an equal footing with the older ones when they came back. Obviously, they did not all start from scratch, because the established physician had many more contacts he was able to renew. But in the shuffle following the war the young man, richer in experience and with enhanced self-assurance, had at least a better chance of landing on his feet than he would otherwise have had.

War is universally disintegrating. But the doctor has less trouble than the average citizen rehabilitating himself afterwards. Instead of getting out of touch with his field, he has been practicing it intensely. He has been giving orders.

The bulk of enlisted men, on the other hand, are apt to grow too used to taking orders in war time and to suffer in consequence some subtle breakdown of initiative and morale. Their door-to-door job-

Do you prescribe the carbohydrate Container or its Contents?

INFANT FEEDING PRACTICE POINTERS

Answers to Physicians' Questions

1. Q. Can Karo be used for infants with eczema?
A. Yes, Karo is hypo-allergenic.
2. Q. How many calories per ounce of Karo by volume?
A. 120 calories.
3. Q. How many calories per ounce of Karo by weight?
A. 90 calories.
4. Q. How many calories per tablespoon of Karo?
A. 60 calories.
5. Q. Is Karo free from pathogenic organisms?
A. Yes, Karo is heated to 165° F. and then poured into pre-heated cans and vapor vacuum-sealed.



Let there be no confusion of issues in ordering the proper carbohydrate. It must be a milk modifier whose virtues are vested in its components rather than in its container. There must be nutritive value, not ornamental appeal. We prefer to extol the virtues of Karo.

The original Syrup, Karo, provides the correct dextrin-maltose-dextrose mixture in a sterile can. The constituents of Karo are nutritionally balanced, chemically dependable and bacteriologically safe.

"*Infants Thrive*
ON
Karo Formulas"

Infant feeding practice is primarily the concern of the physician; therefore, Karo for infant feeding is advertised to the Medical Profession exclusively. For further information, write Corn Products Sales Company, Dept. E-11, 17 Battery Place, New York City, N. Y.

hunting after the war isn't required of the M.D. He usually goes back where he came from and begins to pick up the threads.

Naturally the scene has changed. Patients have died, moved away, gone to another doctor. Yet this same process is going on all the time. The doctor returning from war merely finds a much longer chapter of an old story. The physician from a town or small city usually has less trouble pulling his practice together than the M.D. from a larger city where personal ties with patients may be less close and where there tends to be a more shifting population.

But whether practicing in town or country, the average doctor after the World War had the experience of finding that within a few weeks after opening up his office it became generally known among

old patients that he was back at the old stand. Patients began dropping in again. That's about all there was to it.

Most doctors, like others who served their country, found when they got home that they were wearing just the suggestion of a halo in the eyes of their community. True, the doctor's halo faded quickly and then vanished altogether, as optical illusions will. But it was plainly visible when he first got back and acted as a powerful magnet while it lasted. He was admired and respected. People were sympathetic. They believed, vaguely, that he was better able to treat them because of his experience. And in most cases he was.

Approximately one doctor in five served in the World War. Many of the best men in the country were away. Those who didn't go had

FIRST AID FOR COUGHS

*E P H E D R I A DIONIN COMP.

Dionin (Ethyl Morphine Hydrochloride), Chloroform, Squill, Menthol, Ephedrine Sulfate, Blood Root, Tolu, Potass. Guaiacol Sulfonate, Cephaeline Hydrochloride.

*In requesting sample give your narcotic number.

Offering a choice of sedative and expectorant combinations.

Literature and samples for clinical test on request.

*KREO-DIONIN COMPOUND

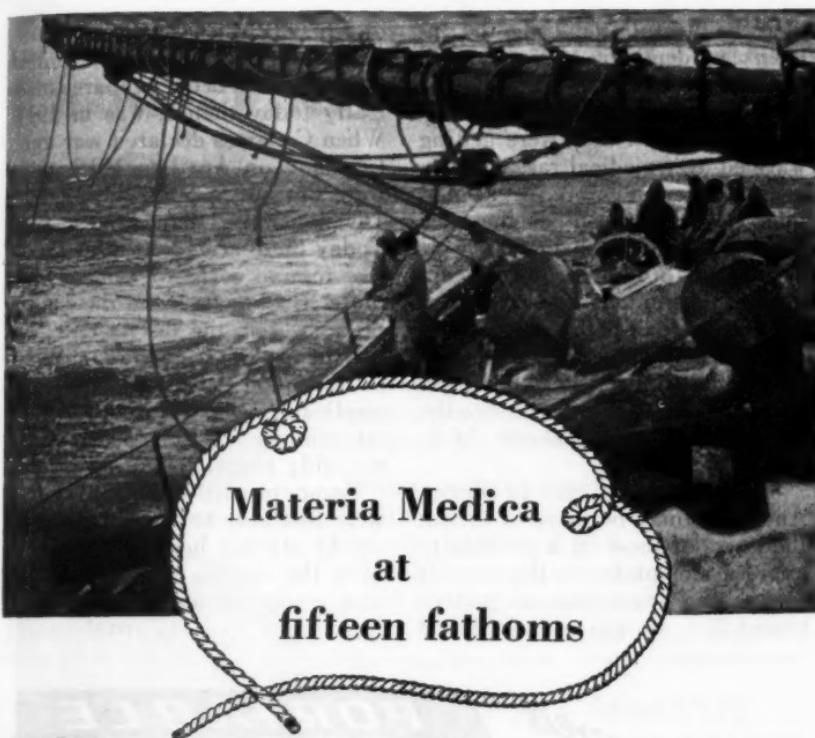
Kreosote (Morson's), Dionin (Ethyl Morphine Hydrochloride), Terpin Hydrate, Eucalyptol, Glycerine.

THE TILDEN COMPANY

- Send sample of
 EPHEDRIA DIONIN COM-
POUND
 KREO-DIONIN COMPOUND
(Please check)

NEW LEBANON, N. Y.

M.D.
Address
City State
My narcotic number is



Materia Medica at fifteen fathoms



Fathoms down off the banks dwells the cod—crude source of vitamins A and D. Known for hundreds of years to the medical profession, cod liver oil needs no advertising. Its usefulness in the prophylaxis and treatment of rickets and the numerous related conditions is so widely known as to make reiteration superfluous.

Potency with Palatability—Now, this clinical heritage has been brought up to the standards of present-day medical practice by concentration of its A and D vitamins into three palatable, clinically effective dosage forms.

Ethically promoted. White Laboratories, Inc., Newark, N. J.

WHITE'S COD LIVER OIL CONCENTRATE



their hands full handling the influenza epidemics in 1917 and 1918. Patients who went to a new doctor because their own man was away were apt to feel they were getting warmed-over medical rations. As a general rule, they were just as glad later to get their old doctor back as he was to have them.

Since 1918, implements of death have been infinitely improved. Yet protection against this finer art of war has been bettered too, so that one tends to offset the other. Gas, for example, is now more deadly. But more is known about checkmating it.

The present war may be bigger. And there may be more of it. But the guess of those in a position to express an opinion is that it will follow the same general pattern traced 21 years ago with the blood

of 126,000 Americans.

One thing is certain: The United States is much better prepared medically today than it was in 1917. When Congress declared war upon Germany on April 6, 1917, there were but 500 men in the Medical Division of the United States Army. Today there are 1,200, plus an active reserve corps of some 20,000 more. During the time the United States was in the last war, 29,300 physicians were commissioned into the Medical Corps. Over 4,000 applicants were refused for various reasons (e.g., physically unfit; too old; reputation unsavory).

Some practitioners, of course, were best able to serve their country by staying home and looking after the civilian population. But as a group, the medical profession

[Turn the page]

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Tompkins*



PORTABLE ROTARY COMPRESSOR

Model
T-39

Price Complete with Cover and Accessories **\$87.50**

The Improved Tompkins Portable Rotary Compressor embodies many excellent new features not procurable in any other portable suction and pressure unit.

New features include vibrationless spring suspended motor unit assuring smooth, noiseless operation; stainless steel base; hot water jacket for the ether bottle to prevent freezing; suction gauge and regulating valve; two way pressure by-pass valve which makes it possible to use either the spray tube or the ether bottle without disconnecting any parts.

No belts to stretch or break; no gears to strip; no friction drive to slip; no couplings to get out of alignment. Nothing to get out of order. Only care required is lubrication. Write for descriptive circulars with apparatus illustrated in full colors.

Sold Only Through
Surgical Supply Dealers



J. SKLAR MANUFACTURING CO. BROOKLYN N.Y.

In CONSTIPATION

Restore Peristaltic Rhythm with **SARÁKA**



Stool of constipated patient—dry, hard.



Saráka stool—well-formed, smooth.

The expanded Saráka granules (white) have mixed thoroughly with the feces (black)—softening and separating them, supplying lubricating bulk. The Saráka granules when expanded maintain their individuality—do not form a coherent mass which might cause obstruction.

IN your cases of habitual constipation, Saráka* will produce natural intestinal activity—a soft, easily gliding stool, passing rhythmically along the intestinal canal. The movement is unaccompanied by pain, griping, or digestive disturbances.

Saráka granules, derived from an East Indian tree sap, swell to provide smooth, lubricated bulk. To this pure vegetable compound, a specially-prepared frangula is added for gentle toning-up of the intestinal musculature. The resulting ...

Bulk Plus Motility

easily moves the well-formed stool along the bowel. There is no straining ... no sharp, injurious points to contend with as are frequently found in the stool after seed administration.

Try Saráka clinically and see how safe and effective it really is.

Send the coupon today for generous trial supply of Saráka.

SCHERING CORPORATION
Bloomfield • New Jersey



*Reg. U.S. Pat. Off.

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Schering Corp.

SCHERING CORPORATION, Bloomfield, New Jersey
Please send me FREE, a generous trial supply of Saráka.

Name.....

St. & No.

City..... State..... ME-11

For

*simple, inexpensive
and efficient*
Thyroid Management

Use

**BURNHAM
SOLUBLE IODINE**

"B.S.I." contains slightly over 1 mg. iodine per U.S.P. dropper drop and is excellent for use in thyroid management, for the dosage is readily controlled, easily prescribed, conveniently taken and well tolerated.

Dosage for Thyroid Protection: 5-10 drops (5-10 mg. iodine in $\frac{1}{2}$ glass water) per week in endemic goiter prophylaxis—up to 10 drops daily in conditions which impose a prolonged stress on the gland—such as chronic infections, high fat diet, puberty, pregnancy, lactation, the menopause and derangement of some other part of the endocrine system, e.g. the ovaries.

Similar dosage is helpful in hypothyroidism when there is sufficient active gland—or in conjunction with thyroid medication when there is not. Contraindicated in adenomatous goiter.

Excellent preoperatively in exophthalmic goiter, 10-30 drops, t.i.d. in water, fruit juices or milk.

**BURNHAM SOLUBLE
IODINE CO.**

Auburndale, Boston, Mass.

LYMANS Ltd.
Montreal, Canada

*For free sample and
literature write name
and address in margin.*

*May we answer your
questions about B. S.
Iodine therapy?*



rallied promptly and in great numbers.

It would do the same thing again. For medical men are used to answering cries for help quickly and willingly, whether in war or peace.

—BUSHROD BARNUM

**Europe's guns disrupt
world medicine**

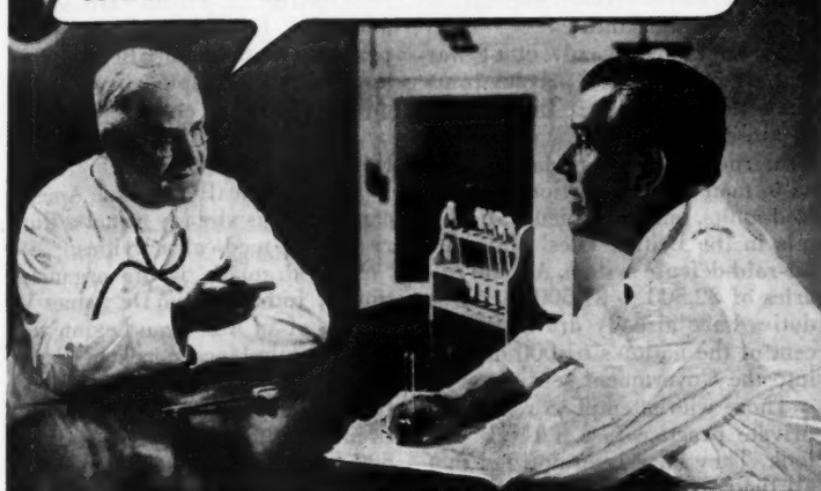
*Both American and foreign
M.D.'s feel effects of war*

Digging in for what military authorities admit may be a "seven years' conflict," medicine the world over is facing a sudden readjustment of its peacetime pattern.

Heaviest hit by the war juggernaut is the German profession. Anti-Semitic "purging" has resulted in a shortage of personnel. In an attempt to meet the Reich's medical needs, Dr. Leonardi Conti, Health Fuehrer, is rationing the country's 38,000 doctors as carefully as bread. One-third have been dispatched to Army duty; the rest, placed strategically to serve the civilian population. To supplement these M.D.'s, 2,400 medical students have had their last clinical semester eliminated and are now practicing as "assistants."

Most notable aspect of the German situation is the ardent wooing of Jewish physicians by Nazi leaders. Jewish doctors within the Reich are being assigned to "special" duty in Berlin; those who have left the country are being invited to return. In Belgium and Latvia, German consulates are reported recruiting refugee M.D.'s on promises of

AS ONE PHYSICIAN TO ANOTHER... WHAT IS THE CAUSE OF CONSTIPATION?



OBVIOUSLY, there is no single cause. Each case must be judged on its own merits. Anatomical differences, variations in diet and habit and specific pathological entities all enter into the cause. However, it is safe to say that faulty habit plays a role in the great majority of cases, and that loss of neuro-muscular tone is a very common secondary factor.

To make habit training easier, a bland, pure mineral oil is important. To increase tonus of debilitated intestinal musculature and nervous system caused by Vitamin B-1 deficiency, pure crystalline Vitamin B-1 has been found to be of great value.

In *Vita Nujol*, these two important aids in the relief of constipation have been combined.

Vita Nujol is a smooth, pleasant-tasting emulsion of pure mineral oil with pure crystalline Vitamin

B-1 added in such quantity that the suggested average dosage is the average adult maintenance dose of that important food factor (400 International Units).

Vita Nujol has a place in the treatment of the majority of constipation cases, and also in the gastro-intestinal syndromes of chronic alcoholism and many other pathological states associated with Vitamin B-1 deficiency.

Vita Nujol has been thoroughly tested and proven in laboratory and clinic.

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Stanco Inc., 1 Park Avenue, New York, New York.*

VITA Nujol



Copr. 1939, Stanco Inc.

lucrative practices. In Belgium, posters offer to return any confiscated property of doctors "of German nationality, regardless of race," provided the owners return immediately to the Fatherland.

In England, the advent of war has all but sounded private practice's death sentence. In addition to those required for service with field troops, doctors are badly needed to man first-aid stations, motorized units, and emergency hospitals in the British Isles' elaborate air-raid-defense system. Annual salaries of \$2,500 to \$7,500 for these duties have already drawn 95 per cent of the nation's 61,000 doctors into the Government service.

Those who attempt to remain in private practice face a bleak outlook. They have been notified that all their "surplus" income will be confiscated and split among more patriotic colleagues when peace returns. Nevertheless, a determined minority are carrying on, finding some consolation in the throngs of patients flocking to their doors. Many of these patients are complaining of severe headaches, caused, it is said, by the nervous strain of recent black-outs.

Even the placid course of medical research threatens to be dis-

turbed by the present hostilities. Among those who have enlisted in the Canadian Army Medical Corps is Sir Frederick Banting, discoverer of insulin. And from Paris comes news that Dr. Alexis Carrel's experiments with the "artificial heart" have been interrupted by a secret military mission entrusted to him by the French Ministry of Public Health.

To theoretically neutral Americans, war has already meant a flurry of new medical activities.

Most dramatic is the organization by Indianapolis' Dr. James V. Sparks of an American Legion volunteer ambulance corps in Paris. Comprising three ambulances and twelve drivers, a movable garage, twenty stretchers, and a staff of 500 American men and women, the unit will soon be sent to the Western front.

At home, New York City's Department of Hospitals is organizing a medical corps specially equipped for disasters. Established by order of Dr. W. F. Jacobs, Bellevue Hospital superintendent, it already boasts thirty-seven doctors, several hundred nurses, a number of ambulances, a transport bus, and a store of bandages and drugs. Every hour of the day and night,

SERENITY
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XUM'

Comparative Tests for FREE Salicylic Acid in Gastric Content After Ingestion of Aspirin or Alka-Seltzer . . .

| SUBJECT | TIME OF COLLECTION OF SPECIMENS MINUTES | QUALITATIVE TESTS FOR FREE SALICYLIC ACID IN GASTRIC CONTENTS | |
|---------|--|--|---|
| | | AFTER GRUEL MEAL AND ASPIRIN | AFTER GRUEL MEAL AND ALKA-SELTZER |
| T. C. | 15 | +++ | 0 |
| | 30 | ++++ | 0 |
| | 45 | +++ | 0 |
| | 60 | ++ | 0 |
| | 75 | + | 0 |
| | 90 | - | |
| | 105 | 0 | |
| | 120 | 0 | |
| M. C. | 15 | ++ | 0 |
| | 30 | +++ | 0 |
| | 45 | ++ | 0 |
| | 60 | + | 0 |
| | 75 | - | |
| | 90 | - | |
| | 105 | 0 | |
| E. B. | 15 | +++ | 0 |
| | 30 | ++++ | 0 |
| | 45 | +++ | 0 |
| | 60 | - | |
| | 75 | - | |

THIS investigation was undertaken as part of a comprehensive study to determine the value of Alka-Seltzer as an agent for the relief of certain minor ailments.

One of the many laboratory and clinical experiments undertaken is summarized herewith.

Full details of this and other informative studies are being compiled in the form of an illustrated brochure which will be sent to interested physicians on request.

CONCLUSIONS

- All qualitative tests for free salicylic acid (or acetylsalicylic acid) were negative in specimens of gastric contents aspirated at intervals of 15 minutes after the ingestion of Alka-Seltzer with the gruel meal until the stomach had been emptied completely.
- All specimens of gastric contents analyzed for periods ranging from 45 to 75 minutes after consumption of aspirin with the meal gave positive tests for free salicylic acid (or acetylsalicylic acid) varying in intensity from + to +++ reactions.
- The absence of free salicylic acid in the gastric content following ingestion of Alka-Seltzer is clinically significant. It suggests a lessened tendency toward possible irritant action of the analgesic on the gastric mucosa.

MILES LABORATORIES, INC.
OFFICES AND LABORATORIES: ELKHART, INDIANA

the corps has twelve physicians "on call."

Meanwhile, American doctors are pondering a gloomy prophecy by Dr. Thomas M. Rivers, of the Rockefeller Institute for Medical Research. He told the International Congress for Microbiology, meeting in New York City, that "another outbreak of influenza may well be expected in association with the present war."

All this war talk is regarded by Dr. Terry M. Townsend, New York State Medical Society president, with a jaundiced eye. Addressing county medical groups at Liberty and Binghamton, N.Y., Dr. Townsend warned the profession against accepting "state medicine as a preparation for a danger that has not yet appeared." Predicting that the Wagner Bill will be offered in Congress' next session as a "package wrapped in the American flag," he observed: "It will be said to be unpatriotic to oppose it."

Among the war's first "casualties" are 350 American students of Scottish medical schools. Denied passports by the U.S. State Department, they claim that they can neither return to Scotland to study nor obtain admission to American schools.

Just published

ARTICLES

PUBLIC HEALTH IS GOOD FOR DOCTORS, by Paul de Kruif. An endorsement for a national health program. (Country Gentleman, October 1939)

BOOKLETS

BRITAIN'S HEALTH, by S. Mervyn Herbert. (Penguin Books, 25 cents)

BOOKS

THE HEALTH INSURANCE DOCTOR, by Barbara N. Armstrong. His role in England, Denmark, and France. (Princeton University Press, \$3)

1940 DAILY LOG FOR PHYSICIANS. Current edition of the financial record book for the doctor's desk. (Colwell, \$6)

MEDICAL VOCABULARY, by Joseph S. F. Marie. Translation of common medical words and phrases into German, French, Italian, and Spanish. (Blakiston)

LIFE INSURANCE FROM THE BUYER'S POINT OF VIEW, by E. C. Harwood and Bion H. Francis. (American Institute for Economic Research, \$1)

FIFTY YEARS A DOCTOR, by John Kercher. A physician's life story. (Meador, \$2)

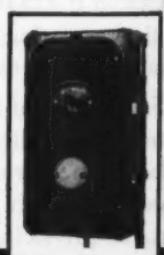
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CREOSOTE and guaiacol, according to statements currently published in one of the most outstanding medical journals,* act on the bronchial secretion, diminish the amount of sputum and produce a change in its character, rendering it less purulent.

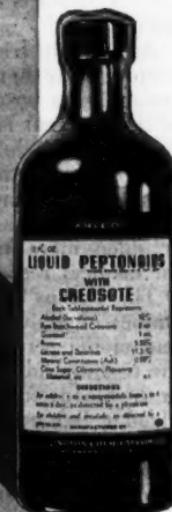
The wide clinical employment of these medicinal agents as a stimulating expectorant and bronchial sedative has confirmed their positive pharmacologic action. As authoritatively asserted,* they most certainly appear to have a definite clinical value in the treatment of cough and sputum.

LIQUID PEPTONOIDS WITH CREOSOTE

is free from the objections to the use of Creosote or guaiacol alone or as used in many other compounds by virtue of the unique combination of these drugs with Liquid Peptonoids (pre-digested beef, milk and wheat). The strong, sharp and localized irritating effect of the creosote on mucous membranes is rendered bland and non-caustic. One tablet generally represents two minims of Beechwood creosote and one minim of guaiacol, free from narcotics.

Because of its superior efficacy and ready patient acceptance, Liquid Peptonoids with Creosote has found extensive employment in the relief of the painful unproductive cough of grippe, acute or chronic bronchitis, influenza or pulmonary tuberculosis.

Available: In bottles of 12 fluid ounces. *Dosage:* One to four teaspoonfuls every two or three hours until relieved.



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NEWS

NOV. 1939

Medicine Sweeps' Winner

While American medical institutions wonder where to obtain funds, those of Ireland have a plentitude—thanks to American patronage of the Irish Sweepstakes.

This lottery's latest financial statement shows that the Emerald Isle's hospitals have benefited from it to the tune of \$65,006,535 in nine years. How much of this was contributed by ticket-holders in this country was not revealed by sweeps' directors, who nevertheless commented: "The United States is one of our best customers."

As a result, Irish officials declared, hospitals are springing up all over Ireland; the hospitalization problem of the indigent is ceasing to exist.

To be eligible for a "cut" of the receipts, institutions must reserve at least one-quarter of their beds for charity cases. As this need is met, it is added, more funds are being freed for medical research.

The sweeps' are already financing studies of diphtheria, meningitis, and pneumonia sera; vegetable acids of the tissues and plasmas; electrolytes in the blood; enzyme content in white blood cells; and brain waves. Only one year old, this research policy has already brought forth a new pituitary-gland hormone.

Indigency His Reward

In the face of almost certain starvation, James E. Trafford continues his chosen work of developing new medical instruments. So far he has in-

vented eighteen, several of which are used by hospitals throughout the country. One of his creations—the Trafford suction pump—was exhibited at the 1938 A.M.A. convention. It was invented in the evenings after days of toil with a shovel on a WPA project.

But even that aid is gone now. He is entirely without resources. When interviewed in his Long Beach (Calif.) home, Trafford had just borrowed a dollar for food for himself and his invalid wife, who is suffering from osteomalacia. Still he refuses to give up his researches, saying: "I want to contribute my bit to humanity."

Sacramento's Secession

The California profession's experiment in State-wide voluntary health insurance (see MEDICAL ECONOMICS for October) has encountered its first major obstacle: a mass rebellion of physicians in Sacramento. Acting through their county medical society, the rebels have refused to attend patients under the California Physicians' Service contracts. With only twenty-nine of the county's 192 doctors willing to cooperate, the State group faces the loss of 4,660 Sacramento patients who have signed for the insurance.

The county society expressed its skepticism of the workability of the entire plan in an official resolution, which stated flatly that "the Sacramento society refuses to endorse the California Physicians' Service until its experience elsewhere has proven that it rests on a sound actuarial basis and can give satisfaction to its professional members."

Conceding the seriousness of the situation, C.P.S. trustees, headed by Dr. Ray Lyman Wilbur, disclosed that the California State Employees' Association (from which the 4,660 Sacramento patients had been recruited) will have to make "other arrangements for medical care in

COPPER-IRON THERAPY

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MORE EFFICACIOUS in NUTRITIONAL ANEMIA

Copper Improves Response—Speeds Iron Utilization

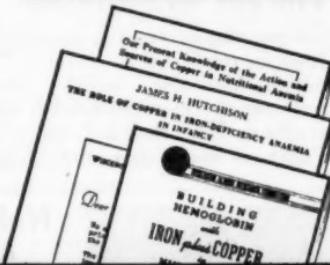
"In nutritional and secondary anemia iron and copper in combination was more effective than iron alone¹. ¶ Iron is best utilized in the presence of copper, which is necessary for haemoglobin synthesis². ¶ Nearly all workers agree that copper is an active agent in haemoglobin synthesis³. ¶ Where other means of treatment have failed, copper will prove to be a valuable adjunct⁴. ¶ The effect of the copper was to increase the proportion of retained iron found as haemoglobin⁵. ¶ The presence of copper is necessary for the utilization of this stored iron (in liver) in the production of haemoglobin⁶. ¶ The average haemoglobin values were 15% higher (Iron and Copper) than controls (iron alone)⁷. ¶ Iron alone usually stimulates a slight increase in the formation of haemoglobin... but the response is inadequate. Iron supplemented with copper causes a maximum response in the regeneration of haemoglobin⁸. ¶ Its (copper) chief value to human health is its effect on the availability of iron as a cure of anemia⁹".

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- (2) Caldwell and Dennett: Med. J. and Rec., March, 1932.
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- (5) Josephs: J. Biol. Chem., XCVI, 558, 1932.
- (6) Howell: Text-book of Physiology, 13th Ed., p. 1013.
- (7) Usher, MacDermot and Lozinski: Am. J. Dis. Child., 49:642, March, 1935.
- (8) Elvehjem, Duckles and Mendenhall: Am. J. Dis. Child., 53:785, March, 1937.
- (9) Seifriz: Protoplasm (McGraw Hill) 1st Ed., pp. 435, 519.

*Quoted from Christian P. Segard, M.D., Am. J. Digest. Dis., July, 1939, pp. 315-318.

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"Building Hemoglobin with Iron Plus Copper." Also List of Licensed Companies and Hart patent Copper-Iron Compounds, and Bibliography with 74 References.

Sacramento County." Hinting at further repercussions, the trustees added: "This may result in the loss of future State-wide contracts."

Dr. Toole's Close Call

Should a physician be deprived of his medical license because of recklessness as an automobile driver?

This poser confronted New York State's Board of Regents recently in the case of Dr. John E. Toole. A New York City urologist, Dr. Toole had pleaded guilty to criminal negligence after his automobile had killed a pedestrian. In suspending sentence, the court had forbidden him ever again to drive an automobile.

But New York State law demands revocation of the medical license of a physician convicted of a felony.

Pointing out the loss to medical science if this were applied in Dr. Toole's case, colleagues asked clemency. So did the accident victim's sister.

The board decided that it lacked jurisdiction to revoke Dr. Toole's license in this instance.

The Jew in Medicine

Calling the increasing proportion of Jews in medicine a "problem," Minnesota Medicine declares that the number of American Jewish medical students has doubled since 1925. Fourteen years ago, the Minnesota

State Medical Association organ states, 10 per cent of this country's medical students were Jewish; by 1935, the figure had climbed to 20 per cent. In 1933, it is added, Rabbi Lazarus found that Jews constituted 32 per cent of medical-school applicants. Denying the existence of "obvious discrimination" against Jewish students, the journal points out that, in contrast with these ratios for the medical profession, only 3.5 per cent of the American population is Jewish.

Ultimatum Sent A.H.S.

Relations of New York's Associated Hospital Service with organized medicine are still troubled. Latest issue is the A.H.S.' new contract which, ironically, was designed to end its difficulties. Instead, it has brought forth a charge from the Queens County Medical Society that association leaders, by drawing it up "without consulting the doctors," broke a pledge given to the five metropolitan medical societies.

In an attempt to placate the aroused physicians, David McAlpin Pyle, A.H.S. official, has offered the explanation that "the [N.Y.] Department of Insurance insisted that this contract be issued without delay and therefore it was impossible to wait."

The answer to this has been a prompt ultimatum from State medical leaders, reiterating their demand



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by prescribing HVC (Hayden's Viburnum Compound), used and tested by physicians for over seventy years. Its value as an antispasmodic and sedative is well known to the medical profession. Send for your trial sample.

HVC is indicated not only in general medicine but also in Obstetrical and Gynecological practice.

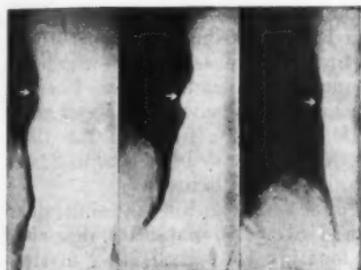
Trial Sample with Literature to Physicians

**NEW YORK PHARMACEUTICAL CO.
BEDFORD SPRINGS**

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Prompt Symptomatic Relief in PEPTIC ULCER

... with PLAIN KNOX
GELATINE (U. S. P.)



CASE I—FEMALE, 74

Uncomplicated gastric ulcer first demonstrated by Roentgen rays in 1934. Diet and alkalies afforded little relief. Accompanied by loss of weight. Repeated X-ray studies in 1936 and 1937 showed no improvement. She was placed on a diet-gelatine regime in November, 1937. Relief immediate. Gained weight. Roentgen studies in April, 1938 showed no demonstrable ulcer.

CLINICAL research has recently demonstrated the effectiveness of utilizing plain Knox Gelatine (U.S.P.) in treatment of peptic ulcer. In a group of 40 patients studied, 36 (or 90%) were symptomatically improved; 28 of these (or 70%) experienced *immediate relief of all symptoms*. Other than dietary regulation which included frequent feedings of plain Knox Gelatine no medication was given except an occasional cathartic.

NO DANGER OF ALKALOSIS

This regime thus eliminates the "alkalosis hazard" attendant upon continued alkali therapy. In discussing the mode of action by which gelatine brings peptic ulcer relief, Windwer and Matzner* speak of the acid-binding properties by which proteins can neutralize acids, and they state that the frequent gelatine feedings "apparently caused more prolonged neutralization of the gastric juice."

Peptic Ulcer Formula

Empty one envelope Knox Gelatine in a glass three-quarters filled with cold water or milk. Let the liquid absorb the gelatine. Then stir briskly and drink immediately before it thickens. Take hourly between feedings for seven doses a day.
*Windwer and Matzner, *Am. Jl. Dig. Dis.* 5:743, 1939.

NOTE: The gelatine used in this study was plain Knox Gelatine (U.S.P.) which assays 85% protein and which should not be confused either with inferior grades of gelatine or with sugar-laden dessert powders, for these latter products will not achieve the desired effects. When you desire pure U.S.P. Gelatine, be sure to specify KNOX. Your hospital can get it on order.

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Please send complete
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Gelatine peptic ulcer
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for representation in the Association's high councils.

Meanwhile, Massachusetts Associated Hospital Service heads have taken steps to avert a situation like that in New York. Stressing that no contracts will be cancelled, as in New York City, they have acceded to the demands of New England physicians by dropping X-ray and anesthesia services from their list of benefits.

Besides this, they have limited maternity benefits to one-half the hospital bill, and barred payment for adenoid and tonsil operations during the first year of a contract. This action was necessary, says President George Putnam, in order to insure the enterprise's "safety."

In another explanation to subscribers, R. F. Cahalane, the organization's executive director, blamed the slash in services partially on physicians. Said he: "The X-ray benefit has been abused by . . . physicians. Twice as many X-rays were required . . . after the service was made available. . . Removal of tonsils and adenoids is seldom an emergency. Controlling this abuse is difficult because the physician is the judge as to the need for service."

Murder in the Office

On a dull day in Jersey City, N.J., not long ago, a stranger entered the office of Dr. David M. Marks. The

doctor had taken advantage of the lull in practice to exchange vacation reminiscences over the telephone with a colleague, Dr. William Madden.

Nurse Caroline Ebersole admitted the patient, who was middle-aged. She conducted him to the doctor's private office, closed the door, and returned to her other duties.

Suddenly, a shot rang out. Dr. Madden later described it as the "sound of breaking glass," after which the phone went dead. Nurse Ebersole screamed as she saw the stranger quietly leaving the office. On the floor, Dr. Marks lay dead, a single 22-calibre bullet in his head.

Police found nothing missing; questioned over 250 patients; despaired of locating the physician's mysterious slayer.

"Old Doc's" New Tricks

Norman ("Old Doc") Baker's cancer "cure," once described as containing clover, cornsilk, and watermelon seeds, has got him into trouble again. This time he and five associates are under Federal indictment for allegedly using the mails to defraud.

Baker, whom witnesses have called a gun-toter, surrendered meekly enough to a U.S. Marshal in Little Rock, Ark., and was released on \$10,000 bail. He moved his "Baker Hospital" to Eureka Springs, Ark., last year, after his Iowa radio sta-

GARDNER'S HYODIN

Same formula was used in Gardner's
Syrup Hydriodic Acid (not U.S.P.)

Firm of R. W. GARDNER
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For relief of RESPIRATORY DISORDERS

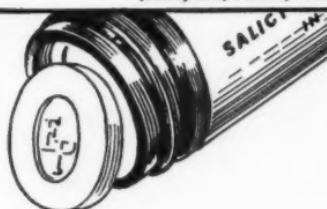
Common Colds, Bronchitis, Respiratory Grippe and wherever iodine internally is required: Goiter, Thyrotoxicosis, Hypertension, etc. Preferred by many physicians to alkaline iodides.

ANOTHER DEPENDABLE PRODUCT: Syrup of Ammonium Hypophosphite (Gardner), a stimulating expectorant and resolvent. Markedly efficient in cough and all laryngopharyngeal irritations. Send for literature and samples.

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A Combined Effect

"The salicylates—are useful for their analgesic properties. If used, they may be combined with the iodides in one mixture¹."

"In acute cases (arthritis) with pain and swelling, salicylates and iodides were used²."

Improved Tolerance

New and Non-Official Remedies³ confirms the value of associated alkali therapy as follows: "In practice these compounds (of salicylic acid) are not superior to sodium salicylate, which does not produce direct gastric irritation when properly guarded by a bicarbonate."

Salici-Vess is issued in bottles of 30 tablets.

Other Seasonable Formulae

ASPIR-VESS

(aspirin protected by alkali buff-
ers). Bottles of 25 tablets.

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(highly effective, safe, buffered
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1. Copeman, W.S.C.: The Medical Standard, "Some Principles in the Modern Treatment of Rheumatic Diseases," p. 12, May, 1930. 2. Illinois Medical Journal, September, 1930, p. 2234.
3. New and Non-Official Remedies, pub. by Amer. Med. Assoc., p. 370, 1938.

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... Without Distressing Morning-after "Hangover"

A night of quiet, restful sleep is often the best "medicine" your patient can have.

But you want the patient to awake rested and refreshed . . . not with the dull, miserable feeling that often follows administration of drastic hypnotics.

Why not the kindly bromides? In nervousness, insomnia, hysteria, nervous symptoms of pregnancy and the menopause, Pentabromides-Merrell brings dependable sedation without depressing after effect.

PENTABROMIDES (MERRELL)

provides, in a highly palatable, non-alcoholic syrup, 15 grs. per fluidram of five especially selected and balanced bromides. Each fluidounce contains: sodium bromide, 64 grs.; potassium bromide, 20 grs.; ammonium bromide, 20 grs.; calcium bromide, 12 grs.; and lithium bromide, 4 grs.

Pentabromides-Merrell is available at the prescription pharmacy. Also available as effervescent tablets in bottles of 25 . . . Write for literature and a sample.



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tion had been closed by the Federal Radio Commission and he himself warned, fined, and jailed for practicing without a license.

Plastic Surgery Booms

Automobile accidents and the insistence of industry upon personable employees are creating a boom in plastic surgery. So declared Dr. Arthur E. Smith, of Los Angeles, before the recent Rocky Mountain Medical Conference.

Citing conditions in his own practice, the plastic surgeon said that three-quarters of his patients suffered disfigurement in motoring accidents; that many of the others have congenital defects that handicap them in business. If corrective action is not taken quickly in such cases, he added, patients may acquire an inferiority complex.

N.M.A. Hits Wagner

The Wagner Bill might become an instrument for racial discrimination, in the opinion of the National (colored) Medical Association. In disapproving the proposed measure, the Association's members point out that it fails to provide protection against such discrimination; that it would allow local authorities to spend Federal money without regard for the rights of minorities. Under the political set-up in some communities, the N.M.A. believes, racial prejudice might influence the selection of personnel.

Another Coast "Cure"

Using taxpayers' money, San Bernardino politicians are experimenting with a lay tuberculosis "cure." Since last April, the California county's board of supervisors has been maintaining eleven patients—nine men and two women—at the "rest home" of Mr. and Mrs. Ed Hurlbert in Mentone, Calif. [Turn the page]

MAZON

By personal clinical tests and observations, physicians have proved to their own satisfaction, the unusual effectiveness of Mazon.

Mazon checks the progress of many difficult skin disorders of local and parasitic etiology.



April 28, 1937

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June 17, 1937

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MAZON SOAP guarantees the best possible results from Mazon treatment. It cleanses and prepares the skin for Mazon.

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There the patients are rubbed thrice a day with a secret ointment, their throats and noses are sprayed with an equally mysterious disinfectant, and they imbibe a "tonic"—all three "remedies" the invention of Mrs. Hurlbert. As one of the patients, Lynn Grahame, explains it:

"The idea was to clear our system of the germs. Of course, we didn't know the ingredients. But within three weeks, we felt better. Our strength came back. Our skins became more natural in color. We began to feel normal."

All eleven cases, Board Chairman C. E. Grier tells anybody who will listen, had been "given up" by physicians before the Hurlberts took over. But by the time you read this, he expects them to be "cured." He also refers to their treatment as the greatest medical discovery of the age.

Of the Hurlberts themselves, he says: "They are more interested in helping people than in making money. I don't know about making the formulas in quantities. But they have assured me they will be able to supply any demand."

Private vs. Public Care

Eight months ago, the Orange (N.J.) Local Relief Assistance Board wondered which could provide its relief clients with better medical care: private practitioners, or a full-time political jobholder. It put the matter to the test by replacing its city doctor with three private physicians for six months.

Private practice has come out ahead. While comparative statistics are not yet complete, the board—ac-

cording to its secretary, Mary L. Dyckman—is convinced that the use of private physicians has reduced both the cost of relief medication and the number of hospitalized relief cases. It is so satisfied with the change that it proposes to make it permanent.

Secretary Insurance

Physicians must carry workmen's compensation insurance for their office assistants, under a law just put into effect in California. Covering all the doctor's employees, except domestics, the enactment provides that "continued violation...for thirty days makes mandatory...a fine of not less than \$300."

Revolt in Colorado

How bureaucracy follows Federal grants to States for medical purposes is revealed in a recent resolution of the Colorado Board of Health. Repudiating the program under which the Federal Government has been providing \$257,053 of its \$398,553 budget, the board said it "is opposed to any form of State or socialized medicine, and does not intend to participate in any experiments in it at the taxpayers' expense."

Explaining that much of the money had been used to send health officers and other employees to college, Board Member Joseph A. Myers observed: "These people come back. Places have to be made for them. We are obligated to give them jobs. As a result of their training, they command better salaries. We have to have a supervisor for every eighth

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Treats Both Orally

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... but as the winter season progresses, the physician sees a marked increase in the number of cases of secondary anemia due to infections and debilitory illness. For these and other cases of iron deficiency anemia, Neobovinine with Malt and Iron provides a rich source of hemoglobin building ingredients. In addition to the liver principle, each 100 cc. of Neobovinine with Malt and Iron contains 510 Mgm. of Iron in a quickly assimilable form. Neobovinine with Malt and Iron is also indicated as a general reconstructive agent.



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person. We have a regular army of generals and brigadier generals around here."

The last straw, he declared, was the board's discovery that one of its county divisions had been furnishing free care "upon request, without regard to indigency or need of the recipient."

To halt further swelling of its personnel, the board has curtailed its free nursing service and forbidden its employees to take public-health courses without its permission. What action Federal authorities would take was not yet known.

Penny-a-Day Plan

As some associations offering hospital insurance for three cents a day struggle to stay out of the red, a penny-a-day plan is reported to be succeeding in Louisiana. Run by New Orleans' Flint-Goodridge (Negro) Hospital for its own patients, it offers subscribers up to twenty-one days hospitalization a year. Included are board, nursing, and intern services, X-ray and laboratory examinations, routine drugs, and the use of operating rooms.

As Claire and George Sessions Perry describe it in *The Saturday Evening Post*, the plan is highly prosperous. It has 3,231 subscribers. A Rosenwald Fund grant of \$4,500 has not even been touched.

Care in the Classroom

Adopting the technique of the Federal-medicine agitators, New York City school authorities are claiming that a survey shows "nearly 90 per cent" of the metropolis' high school students need medical care. The study is attributed to the local Department of Health, Board of Education, and Progressive Education Association.

Assailing the services of part-time physicians as "inadequate," it calls for "a well-planned approach, co-

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In modern minor surgical practice, the antiseptic and soothing properties of Unguentine are not limited to the treatment of burns.

- 1 *Unguentine contains Parabhydrecin—antiseptic, germicidal, non-toxic, non-irritating, and effective in the presence of serum and organic matter.*
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Norwich

Unguentine

ordinated with all other public health activities." This is interpreted by some as meaning that medical care for all students may shortly be included in the schools' curriculum.

In Gustine, Calif., four private practitioners—Drs. A. W. Gustafson, Paul A. Werthmann, A. M. Roscoe, and J. E. Thompson—have tackled a similar situation in their local high school by instituting a health-insurance organization of their own. For \$7.50 per pupil, they provide students with all medical attention (either office or home) needed during the school term. X-rays and hospitalization—the latter by arrangement with a hospital association—are included in the benefits. After a test among teachers at the institution had indicated the plan's success, it was extended to students.

At Long Beach, in the same State, health insurance is being tried by the Woodrow Wilson High School as a means of providing care for its in-

jured athletes. Under the plan, student athletes may guarantee themselves treatment and hospitalization for injuries in all sports for a premium of \$1.25 a year; football alone, \$1; all other sports besides football, 75 cents. It is stipulated that students may choose their own doctor; that in case funds run short, available money will be pro-rated among the doctors.

Vital Statistics Guide

Copies of "The Physicians' Handbook on Birth and Death Registration" will soon be obtainable from your local registration officials, announces the U.S. Department of Commerce. Prepared by the Division of Vital Statistics, this forthcoming volume replaces the "Physicians' Pocket Reference to the International List of Causes of Death."

Document-size, the new handbook has a dual purpose: to advise young

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An Initial Treatment

KONDREMUL WITH PHENOLPHTHALEIN contains 2.2 gr. phenolphthalein per tablespoonful of Kondremul.



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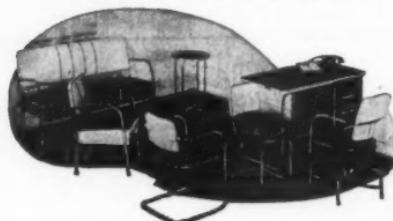
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Royal

physicians of their vital statistics responsibilities; and to provide reference material for veteran practitioners. It has five sections dealing respectively with the vital-statistics laws; how to prepare certificates; reasons for registering births and deaths; the machinery of collecting such information; and the history of its registration.

Refugee Hill-Billies?

Faced with a shortage of physicians in rural areas and a flood of applications for licenses from refugee physicians, Kentucky is experimenting with a single solution designed to meet both problems. Its Health Commissioner, Dr. A. T. McCormack, is offering the refugees licenses—provided they agree to practice five years in a community lacking medical care and become American citizens within that period.

Darkness on the Delta

How the doctor is relegated to a minor role when medical organizations fall prey to politics is strikingly illustrated by The New Orleans Times-Picayune. Examining the make-up of the Louisiana Board of Health, the newspaper found:

Of the board's 504 employees, only thirty-eight hold M.D.'s. The latter, with a single exception, receive an average wage of \$100 a month. Against this, the board hires three "legislators" at \$345, \$175, and \$125 each, respectively.

The doctors' compensation is even below that of the board's 330 "field representatives" and "inspectors." Most of the other lay employees, it was learned, are either politicians or their relatives. Many husbands and wives both hold jobs with the board. Some supposed "full-time" employees are also on other political payrolls.

The solution? There isn't any, say physician-members of the organiza-

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tion. With over 90 per cent of the board positions in the hands of political favorites, it is pointed out, the doctors have no chance of righting the situation.

Has Patients Hypnotized

This month, Mrs. Marie Mattersteig of Los Angeles is due to have a baby. If delivery is painless, attending physicians may pay some attention to the claims of R. Leo Gaynor, a local "psychotherapist."

For Gaynor not long ago phoned Mrs. Mattersteig and apparently hypnotized her over the wire. While she seemed in slumber, his voice, floating out of the earpiece, told her:

"You will give birth to your baby without drugs and painlessly. It will be harmless to you and the child. Have no fear. You will feel no pain."

This message, Gaynor later informed physicians, will remain in the woman's mind until her baby has been delivered. Previously, he demonstrated his theories to medical men with his wife as a patient. She gave birth to a daughter—supposedly without pain.

To Protest N.Y. "Rules"

New York medical men will shortly protest the State Welfare Department's new rules for the incorporation of group medical care associations. So predict Albany physicians who have kept in close touch with the New York situation, where welfare officials are empowered to create standards for such prepayment plans.

The officials themselves, however, scoff at rumors of professional dissatisfaction with the regulations.

They point out that they have already received applications for incorporation from four physicians' groups: in Buffalo, Brooklyn, Manhattan, and Utica.

The disputed regulations set up the following requirements for insurance associations dispensing medical services: A board of between seven and twenty-five directors. At least one-third of the board to be laymen; another third, physicians. The panel to be open to any licensed physician in the community. The county medical society to have the privilege of dropping panel members, but only after a hearing. Patients to have free choice of participating doctors.

Private Practice Leads

Further evidence of the superiority of American private practice over European compulsory health insurance is seen in the Metropolitan Life Insurance Company's newest survey of the expectation of life. It shows that the life span in the United States rose from 49.24 years in 1901 to 61.48 years in 1937.

For comparable periods, the study reveals, the American margin over foreign countries is: former Poland, twelve and a third years; former Czechoslovakia, nearly eight years; Italy, nearly six and a half years; Finland, six years; France, four and two-third years; Ireland, three and three-quarter years; Belgium, about three years; Germany, over a year; England and Wales, over six months.

Although Australia, New Zealand, and the Scandinavian countries still lead in this respect, the investigators observe that a number of States in



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is enriched with Natural wheat germ**

Ralston Wheat Cereal contains no other additional food elements than those found in natural whole wheat

Mother Nature herself enriches Ralston with a bountiful supply of vital food properties which she stores in pure whole wheat. None of these important properties are removed or altered in the milling process except that the coarser outer bran layer is removed. The only enrichment is the addition of wheat germ, a rich natural source of vitamin B₁. Even the flavor, so universally praised, is Nature's own!

Valuable natural food properties found in Ralston

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| Protein | 14.2% |
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| MINERALS: | |
| Iron | .004 |
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An average serving (20 grams) of Ralston contains about 30 International Units of vitamin B₁. In addition, it is an excellent source of vitamins E and G and supplies natural bulk.



Widely prescribed at the time doctors recommend a change from starting cereals

FREE SAMPLES—
Simply ask for them on your letterhead. Address Ralston Purina Company, 920 A Checkerboard Square, St. Louis, Mo.
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Children love it! Cooks in 5 minutes
RALSTON . . . natural wheat cereal naturally fortified with added wheat germ for extra vitamin B₁



The Dread of Injection

The administration of morphine is strenuously objected to by many patients who regard the psychic trauma incident to hypodermic administration more uncomfortable than the pain itself. Papine, administered orally in two tea-spoon doses, produces the analgesic action of one-quarter grain morphine. Its analgesic influence is prompt and pronounced.

Papine is indicated whenever morphine is required, and is given interchangeably with the latter. It is especially appreciated by patients afflicted with carcinomatosis or other conditions requiring frequent administration of narcotics. Two ounce sample will be gladly furnished upon receipt of Federal Narcotic Order Form.

Each ounce contains chloral hydrate, 3.35 gr., morphine hydrochloride, 1.0 gr., alcohol, 11%.

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PAPINE
(BATTLE)

this country now approach their records. Among these are Iowa, Kansas, Nebraska, and North and South Dakota.

Lutherans Join Crusade

The Lutheran sect is the latest to join the churches' crusade against Federal medicine. Meeting in Milwaukee, its Associated Charities heard the National Health Program described by Dr. Albert W. Seidel as a blow at religious organization and institutions that "have been the basis for the rise of the United States to the world's foremost position in the service to the sick."

Meanwhile, the Catholic Central Verein of America is urging members to ask their representatives in Congress to fight passage of the N.H.P. In a six-point analysis of the program, the national church group gave these reasons for its action: (1) The Federal Government would not exercise prudence if given control. (2) Evidence has not demonstrated the plan as practical. (3) Socialization would break the personal relation between physician and patient. (4) Cooperation between Governmental and other agencies for the sick would be impossible. (5) Scant provision has been made for financing. (6) Authority would be vested in politicians.

Concludes the Verein:

"The cure is harsher than the disease."

Co-op Stock Rises

With the U.S. Court of Appeals upholding a ruling that Washington's embattled Group Health Association is perfectly legal, the medical cooperative business is looking up.

After hearing Associate Justice Wiley Rutledge proclaim that the G.H.A. is neither practicing medicine nor selling insurance, the Government clinic's heads cleared the decks for further action. Announcing that



Ti-time in Hawaii means a breath-taking slide on a ti-leaf down a grassy slope—then a tall, cool glass of Dole Pineapple Juice.



HAWAII

**Patients don't slide
—but they do wel-
come that salu-
brious and tasty
beverage from
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TYPICAL ANALYSIS OF DOLE PINEAPPLE JUICE FROM HAWAII

| | | | |
|-------------------------------|-------|--|-------|
| Moisture | 84.3% | Total sugars (invert) | 12.7% |
| Total solids | 15.7% | Total acid (as anhydrous citric) | 0.8% |
| Total ash | 0.4% | Carbohydrates (by difference) | 14.8% |
| Fat (ether extract) | 0.1% | Brix (by refractometer) | 14.7% |
| Protein (N x 6.25) | 0.3% | pH | 3.53 |
| Crude fiber | 0.08% | Calories gram | 0.6 |
| | | Calories ounce | 18 |

Note For You: To freshen up a tiresome day—or start a new one—there's nothing like Dole Pineapple Juice. Try it and see for yourself.

DOLE
PINEAPPLE JUICE FROM HAWAII

they have added an entire floor in another building to their present headquarters, they explained:

"Additional space is necessary to take care of the growing membership, and will make it possible to expand further."

Also heartened by the decision is the Bureau of Cooperative Medicine, which sees a need for lay administrators of medical co-ops on the horizon. To satisfy it, the bureau is sponsoring a course in "group medicine" at the Rochdale Institute. For a \$10 fee, the course offers instruction for thirteen weeks in such subjects as "group health planning, how to organize associations, business administration, medical administration, and the planning of health conservation programs"—plus an "intensive review" of medical-economic problems.

Designed primarily for "lay administrators," the course, its sponsors informed MEDICAL ECONOMICS, has "hardly any admission requirements" outside of an expressed interest in securing such a position.

Vetoes Federal Courses

Government courses for doctors are viewed with alarm by the Oregon State Medical Society's committee on postgraduate education. Reporting on the inadvisability of accepting instruction from lecturers sent into the State by the Federal Government, the committee comments:

"It is dubious whether the profession should ever accept Federal funds, directly or indirectly, for this purpose [education]. It is dubious for the Federal Government so to spend the people's money. It opens the way for a Federal bureau in medical education, and another breach where machination, politics, inefficiencies, and arbitrary rulings may threaten freedom."

Postgraduate education, the committee adds, should be "under direct control of the State medical society."

Mothers and Mortality

Plans for reducing maternal mortality held the spotlight at the recent American Congress of Obstetrics and Gynecology in Cleveland.

Blaming 25 per cent of all such deaths in the United States on abortions, Hazel Corbin, New York City Maternity Center Association director, declared that this fatal quarter could be prevented by "educating" prospective mothers. "Women," she said, "should be taught that no legitimate physician will perform an abortive operation."

Dr. Charles H. Peckman proposed that midwives, instead of being eliminated, should be used in rural areas. Rather than subsidize doctors to handle such cases, the Baltimore physician said, "It would seem to me more practical to encourage midwives."

"Courts of inquiry" into deaths at

Menstrulletts . . . The Better Way to Treat MENSTRUAL PAIN

EACH TABLET REPRESENTS:

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| Fl. Ex. Viburnum..... | 3 mins |
| Fl. Ex. Hyoscyamus..... | 1 min. |
| Po. Placidin | 3 grs |
| Phenobarbital | 1/2 gr |
| Warning: May be habit forming | |
| Antipyrine | 3 grs. |
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Because relief with Menstrulletts is rapid, but unaccompanied by hypnotic effect; your patient need not neglect her regular duties. More doctors are finding Menstrulletts a useful adjunct. Send for samples of Menstrulletts. Address: Jenkins Laboratories, Inc., 27-29 Clark Street, Auburn, New York.

A Non-Depressing Utero-Ovarian Sedative and Anodyne

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NUMOTIZINE

*for relief of
Pain, Inflammation,
Congestion*

Whenever localized pain and inflammation are present, much can be accomplished by judicious use of the improved medicated emplastrum—Numotizine.

By improving the local circulation, Numotizine carries away the irritating products of inflammation and aids nature's healing processes. Then, by reason of the slow, steady absorption of guaiacol and creosote, relief of pain and reduction of febrile temperatures are accomplished.

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| Guaiacol U.S.P. | 2.60 |
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| Beechwood, Creosote U.S.P. | 13.02 |
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| Methyl Salicylate U.S.P. . . . | 2.60 |
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Valuable in Many Conditions

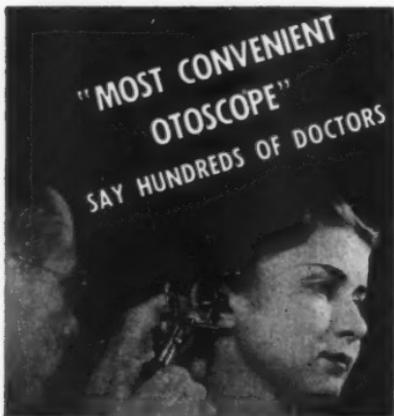
Among the outstanding indications for Numotizine are the following:

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CONTUSIONS
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7. Tongue depressor and throat illuminator included
8. Compact instrument, rigidly constructed for long life.

OTOSCOPE AND OPHTHALMOSCOPE IN HANDY SET . . .

Medical Set No. 1 (below) includes the B&L Prism Otoscope, the illuminated-dial May Ophthalmoscope (with daylight lamp) and battery handle. Other sets include Whitelite Transilluminators, the Point-O-Light Retinoscope, Morton Ophthalmoscope, Tongue Depressor and Hand Slit Lamp.

See these Bausch & Lomb diagnostic instruments at your dealer's. Interesting free literature on request.

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childbirth were advocated by Dr. Philip F. Williams, of Philadelphia. At least 150 local medical societies already conduct such hearings, he pointed out, "to educate all the physicians about errors." In some cities, it was brought out, the attending physician reports on each fatality; colleagues quizzing him to determine the cause of death. These courts, Dr. Williams concluded, have been "markedly effective in reducing maternal and infant mortality."

CCC Calls Candidates

Reporting that it has openings for doctors in eight States, the Civilian Conservation Corps announces changes in terms of employment. Candidates no longer have to be medical reserve officers, but simply qualified physicians in good physical condition. Initial pay is now \$2,600 annually, but the expenses of quarters, meals, and travel to district headquarters must be met by the doctor. Camp duties consist of preventive medicine and caring for enrollees.

Applications should be made to the Surgeon, Seventh Corps Area Headquarters, Federal Building, Omaha, Neb. Included should be a preference for employment in any of these States: Arkansas, Iowa, Kansas, Minnesota, Missouri, Nebraska, and North and South Dakota.

Doctors of Beauty

Weight-reducing and diet-control were cited as fields for the beautician at the recent New York State Hairdressers and Cosmetologists Association convention in New York City. Louise Paine Benjamin, an editor, urged the 8,000 delegates to equip their shops with weight-reducing apparatus. From James P. Costa, of Dayton, Ohio, came the advice that putting customers on a diet would make the beautician more useful. For all common skin conditions, Costa

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Oh Boy! You Should See My Doctor's Office!

Your patients — young or old — have a profound faith in you . . . a faith you justify by your equipment.

With a modern Castle Sterilizer as a part of your equipment you have the most adequate protection against patient infections and ensuing complications.

Model No. 95 (illustrated) adds to the appearance of every office. Bronze leak-proof boiler. Double automatic control—sterilizer runs itself. Illuminated cabinet. Extra large table top, convenient foot lift. Write.

Wilmette Castle Company, 1143 University Ave., Rochester, N. Y.



CASTLE STERILIZERS

told the beauty-parlor owners, tea and coffee should be eliminated, meat taken only once a day, and fruits and green vegetables included in all meals.

In Chicago, Frances Martell, American Cosmeticians National Association secretary, disclosed that beauticians are already collecting \$200,000,000 a year from the nation's women.

Acts Against Orders

Fraternal orders may be halted from supplying medical care in Minnesota, under a ruling handed down by State Attorney General J. A. A. Burnquist. Terming such service "illegal" when it includes selection and control of the doctor by the order, the decision cautions organizations providing it that they are risking their charters. Physicians who serve them were warned that they are aiding "a corporation to practice medicine unlawfully," besides being "guilty of... unprofessional conduct."

Blood Tests Backfire

When California's pre-marital examination law took effect recently, Coast doctors sat back and waited for engaged couples to walk into their offices. Instead, the altar-bound trekked to San Francisco's health director, Dr. J. C. Geiger, with complaints against "excessive fees" asked by

private practitioners for such examinations.

Dr. L. H. Garland, county medical society secretary, tried to explain that "no reputable member of the medical society has charged an unreasonable fee." But the damage had been done.

Writing in The San Francisco News, Rosabelle Tobriner suggested that "free examinations and laboratory tests for all be provided." Raging against "unscrupulous members of the medical profession who mullet... newlyweds," and speaking darkly of "health certificate sharks," the same paper protested editorially that it didn't want to see doctors "making prey of the lovesick." It therefore advocated that the State Department of Public Health open clinics to perform such services without charge.

Ditchik Ditched

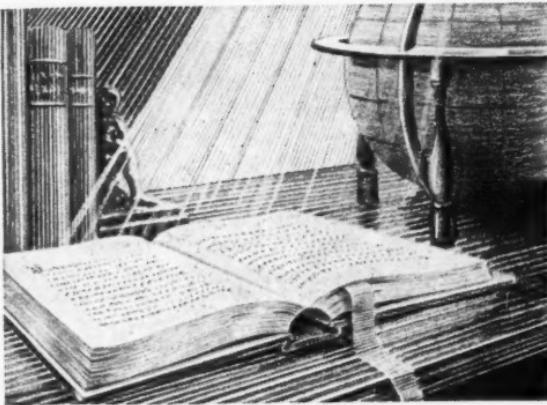
What Brooklyn's Special Prosecutor John Harlan Amen describes as a "medical racket" is believed to have been nipped in the bud with the indictment of Abraham M. Ditchik. Ditchik is said to have made a business of providing "protection" for illegal practitioners.

On one occasion, it is related, he attempted to persuade New York State's medical grievance committee to neglect its duty on behalf of one of his clients. On another, it is alleged, he demanded \$68,725 from

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Cleansing, stimulating mouthwash and gargle

Fine daily tonic for
mouth and throat



Sollman "A Manual of Pharmacology"
On the Action of Magnesium Oxide

TEXTBOOK RECOMMENDATION

"Antacid action extends into the intestines with but little interference with the stomach . . . is converted in the alimentary tract into the soluble and therefore cathartic magnesium bicarbonate. Magnesium oxide is preferred to the usual alkaline carbonates when the stomach should not be burdened with excess CO₂."

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For Convenience—and to assure regu-

lar dosage for the ambulant patient—Phillips' Milk of Magnesia Tablets. May be carried in purse or pocket. Each tablet is equivalent to one teaspoonful of the liquid form.

Dosage:

As an antacid:
2 to 4 teaspoonfuls (2 to 4 tablets).

As a gentle laxative: 4 to 8 teaspoonfuls (4 or more tablets).



PHILLIPS'

Milk of Magnesia

Prepared only by THE CHAS. H. PHILLIPS CHEMICAL CO., NEW YORK, N.Y.

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RHEUMATIC PAIN
just won't be
ignored...**



In **TOLYSIN** and **TOLYSIN PLUS PHENACETIN** we offer two products which may be prescribed for their prompt analgesic action, and which will serve to maintain the patient's full confidence in your continued program of treatment.

Each **TOLYSIN** tablet contains the ethyl ester of 6-methyl-2-phenylquinoline-4-carboxylic acid (neocinchophen U. S. P. XI) grains 5.

Each **TOLYSIN PLUS PHENACETIN** tablet contains **TOLYSIN** grains $3\frac{1}{2}$ and Phenacetin (acetophenetidin U. S. P. XI) grains $1\frac{1}{2}$.

Send for professional samples of **TOLYSIN** and **TOLYSIN PLUS PHENACETIN** with literature.

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ten physicians for not exposing their supposed unethical activities.

Instead, he got the indictment, which charges him with attempted bribery, conspiracy, complicity in unlawfully accepting a fee, and extortion. He is being held for trial.

San Francisco Shake-up

Reorganization of San Francisco's compulsory health insurance project for municipal employees seems imminent, following the ousting of several members of its administrative staff. Among those discharged were Secretary Jesse B. Cameron and the ex-wife of Charles T. Butterworth, one of the project's directors. The firing, according to President Cameron King, was "in the interest of efficiency and economy."

Revealing that the organization had been in "administrative difficulties" since a few months after its launching in October 1938, King charged:

That Mrs. Butterworth had been given a job as telephone operator, although a doctors' phone service was already taking care of calls; that she was guilty of two "infractions of discipline," which were "covered up" by a report of "illness"; that, in spite of this, she was recommended for a \$50 pay boost.

That although the administration fund has shown an average monthly surplus of \$700, office salaries—amounting to \$485 monthly—were charged up to the shrunken medical fund. As a result, the amount to be pro-rated among the doctors was reduced still further.

What form the expected reorganization will take, however, is a question.

Pointing out that "less than fifteen" doctors have resigned from the panel, King himself suggests that "we will not be out of the woods until we pay much more per visit."

Directors Joseph McKeon and Mary

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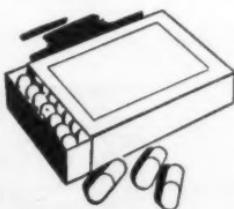
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Maud Murphy, blame much of the organization's trouble on its physicians. Said McKeon: "All it [the organization] needs is to clean out some of the bugs." Among the latter he listed "the attempt of doctors to chisel extra fees."

Director Murphy strongly opposes administrative "economies," put forward as a solution of the organization's difficulties. Hitting at a proposal to cut Medical Director Walter B. Coffey's \$1,000-a-month-salary to \$750, she implied that the work of "disciplining doctors" is worth the larger sum. Said she:

"It is necessary to exercise strict supervision over their [the doctors'] bills, or some would run wild in the amount they charge. The board recognized that Dr. Coffey would incur the hostility of doctors and those doctors would stir up other doctors against the system."

Meanwhile, the doctors in question have had to accept greatly reduced fees for their seventh successive month.

Societies' Pen Mighty

Members of the Ohio and Pennsylvania medical societies have good reason to believe in the value of their organizations' publicity bureaus.

Checking the destination of only four of its news releases, the Ohio society discovered that they had reached over 4,000,000 laymen; ap-

peared in seventy-seven communities; been distributed over the wires of the A.P., I.N.S., and U.P.; and inspired nationally-syndicated articles.

A similar investigation by the Pennsylvania society showed that its bulletins had made news over 30,000 times in the State during a single year.

Medical Millennium

Shortly before the New York World's Fair closed, several hundred American doctors accepted an invitation to a discussion of Russian medicine at the Soviet Building. Among the first to arrive was a delegation from the U.S. Public Health Service.

The physicians' quest for enlightenment was somewhat set back when it was discovered their would-be informant, Dr. A. D. Ochkin, spoke only Russian. Through an interpreter, however, they learned that Communist Russia has 132,000 doctors. Admitting that this is not enough for a country with 170,000,000 potential patients, he nevertheless alleged that, under the Czar, Russia had only 20,000.

In the Soviet Union, Comrade Ochkin said, all medical care is free. The Commissariat of Health provides every citizen with all the attention he requires. If a peasant somewhere on the Steppes requires delicate surgery, he said, the Government sends



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so we won't have so many gastro-intestinal disorders?" was the second.

He invented and patented the wide mouth Hygeia Nursing Bottle and natural breast-shaped nipple to help make nursing equipment clean and sanitary. And today every Hygeia advertisement—millions of them each month—tells mothers everywhere to "see your doctor regularly"—just as Dr. Decker told them personally on his daily rounds so many years ago. As more and more doctors recommend Hygeia, more Hygeia advertisements in turn preach the importance of proper medical care. Hygeia Nursing Bottle Company, Inc., 197 Van Rensselaer St., Buffalo, N. Y.

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Non-toxic—No contraindications.

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him a specialist by airplane. As for the accomplishments of Russian medicine, he declared it has abolished prostitution; practically stamped out syphilis. He also passed around photos of palaces, which he described as the homes of Russian doctors.

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